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ABSTRACT

This manual was developed to provide a model for evaluating programs for handicapped preschoolers that can be used by all Maryland school districts regardless of size or resources. The model has five components: (1) how children are identified as handicapped; (2) what type of testing takes place before and after a child is placed in a program; (3) procedures for determining a child's program placement; (4) program effectiveness; and (5) program management of communication and recordkeeping procedures. The manual has four sections. The Overview familiarizes the reader with the model and how it can be used. The Evaluation Model section details the model's components and subcomponents, plus provides evaluation questions, data collection instruments, and suggestions for adapting and using the instruments. The third section, Managing Data, offers suggestions for collecting data, preparing data for analysis, analyzing the data, and writing up results. The Appendices contain a glossary of terms, an annotated bibliography, descriptions of different instrument types, information on instrument format, codes and identification numbers, a sample checklist and letters, information on how to calculate, establish and maintain inter-observer reliability, and sample summary reports. The model is presented as a menu from which users may pick and choose, depending on their interests and experience. (BS)

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PRESCHOOL EVALUATION PROJECT

# A Guide to Evaluating Programs for Handicapped Preschoolers

A joint project of the
Office of Special and Alternative Education
and the
Department of Educational Accountability
Montgomery County Public Schools
Rockville, Maryland

Funded by the Maryland State Department of Education

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# A GUIDE TO EVALUATING PROGRAMS FOR HANDICAPPED PRESCHOOLERS

A joint project of the
Office of the Associate Superintendent for Special and Alternative Education
and the
Department of Educational Accountability
Montgomery County Public Schools
Rockville, Maryland
1983

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Maryland State Department of Education

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Rockville, Maryland

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# PREFACE

This manual is designed for individuals who are interested in evaluating services being provided to handicapped preschool children. These individuals may be

- program directors,
- school administrators,
- classroom teachers,
- external evaluators

or any other professional who wants information about programs for young children.

The types of questions that someone may want answered are as diverse as the following:

- Is the program having a positive impact on the children's growth and development?
- Are parents satisfied with the services children are receiving?
- What kind of assessments are children receiving prior to being diagnosed as needing special services?
- What kind of families are participating in child find screening clinics?
- What topics are discussed at placement meetings?
- What are the most effective means of communication among staff?

If you have a question to ask about programs for handicapped preschoolers, chances are there is something in this manual that can help you answer that question. You don't need a background in research and statistics nor access to a computer to collect useful information for program improvement. You also don't need to read the entire manual -- it's designed for people who have other things to do.

To insure that your evaluation efforts will not be wasted you do need

- to want to answer a question;
- to be able to devote some resources (you can determine how much) to finding out the answer; and
- to be committed to using the information or suppying it to those who can use it.

If you're still interested, read on. We hope we can be of help.

## ACKNOWLEDGEMENTS

In anticipation of the need to determine whether or not services to preschool handicapped children were being provided appropriately, the Montgomery County Public Schools (MCPS), Maryland, requested and received funds from the Maryland State Department of Education to develop evaluation procedures that would help local education agencies examine various aspects of service provision. Following the appropriation of these funds, the Preschool Evaluation Project was inaugurated in the Fall of 1980 to develop an evaluation model that could be used by all Maryland school districts, regardless of their size or resources. This project has been the joint effort of two departments within MCPS: the Department of Educational Accountability which is responsible for system-wide evaluation and the Office of Special and Alternative Education which is responsible for service delivery. While the project was the primary responsibility of these two departments, many people have made contributions to it.

First, we would like to acknowledge staff from the Maryland State Department of Education for recognizing the need for evaluation procedures that could be used in special early education programs. Their technical and financial support made the project and its products possible.

Staff from several departments and programs within MCPS, as well as from several private programs within the county contributed significantly to the project's work. Their contributions included reviewing materials, answering and commenting on instrumentation, completing developmental checklists and allowing project staff to observe classroom activities. Participating departments and programs within the school system were: the Child Find Unit, the Division of Area-Based Programs, the Division of Auditory Programs, the Division of Speech and Language, the Division of Vision Programs, the Head Start Program and the Placement Unit.

Project materials were also reviewed by staff from the Developmental Evaluation Services for Children in the Montgomery County Department of Health. Tester training sessions were greatly facilitated by staff from the Department of Adult Education. Technical advise and assistance on formating and printing the instrumentation were received from the Graphic Arts and Phototypesetting Departments in MCPS.

Also contributing to the project were staff from the following private programs within Montgomery County: Child Center (Centers for the Handicapped, Silver Spring), Christ Church Child Center (Bethesda), Montgomery Preschool Achievement Center, and The Treatment Center (formerly the Easter Seal Treatment Center, Rockville).

Contributions were made by staff from school districts in several other Maryland counties. Their help involved reviewing and commenting on project materials and allowing observations of their programs and placement meetings. These counties were: Carroll, Dorchester, Howard, Prince George's and Saint Mary's.

# INTRODUCTION

The purpose of this manual is to provide individuals who work with preschool handicapped children a means to evaluate various aspects of the services they provide. What is contained in the manual is an "evaluation model." By "model," we mean everything necessary to conduct an evaluation including

- questions to ask,
- instruments (questionnaires, interviews, record review forms and observation systems) for collecting information,
- suggestions for when and how to use the various data collection instruments, and
- methods for analyzing and summarizing the information.

For many people, evaluating programs for preschool children probably means examining scores on some measure at the beginning and end of the program to see what kind of gains the children made. This type of an evaluation provides information about program effectiveness. It addresses the question, "Did participation in the program/services have an effect?"

While collecting information about program effectiveness is certainly important, there are a number of other aspects of providing services to preschoolers that can also be examined. There is a rather lengthy process that must occur before service provision can even take place. Steps in this process include

- someone noticing that the child has a possible problem (parent, pediatrician, Child Find Screening Clinic),
- assessment by professionals in the suspected disability areas, and
- review of the diagnostic information by an interdisciplinary team for the purpose of deciding an appropriate placement and developing an Individualized Educational Plan.

If one of these steps in the process is not operating as it should, handicapped children may not be identified as early as possible, they may be inaccurately or incompletely diagnosed or they may be placed inappropriately. Evaluating and improving these aspects of the process can be just as essential to the well-being of handicapped children as examing pretest and posttest scores.

Once the child is placed in a program, services must be delivered on a regular basis by trained, qualified personnel. Information must be communicated among the service providers who work with a child, between the service provdiers and their administrators, and between the program and the parents. Comprehensive, usable files should be kept on every child receiving services. Additionally, there may be a need to look at how well the program is operating in addition to or instead of looking at how well the children are doing.

The evaluation model is divided into several components and, within components, into subcomponents. The components cover five general areas within the provision of services for young children:

- how children are identified as handicapped,
- what type of testing takes place before and after the child is placed in a program,
- what happens during the process of determining a child's program placement,
- how effective the program is in its provision of services, and
- how efficiently and effectively a program manages communication and record keeping procedures.

## Organization of the Manual

The manual is divided into four main sections. The first, the **Overview**, is designed to familiarize the reader with the model and how it can be used. The second section, the **Evaluation Model**, contains a detailed description of each of the components and subcomponents. For each component, the reader will find a set of evaluation questions, data collection instruments to answer those questions, recommendations for when to use the data collection instruments and suggestions for adapting and using the instruments. The third section, **Managing Data**, offers suggestions for collecting data, preparing data for analysis, analyzing the data and writing up the results. The final section, the **Appendices**, contains more detailed information for the user who has not had much previous experience conducting evaluations. This section includes: a glossary of terms, an annotated bibliography, a description of the different types of instruments, information on instrument format, codes and identification numbers, a sample checklist and letters, information on how to calculate, establish and maintain inter-observer reliability and sample summary reports.

## Using the Manual

How you should use the manual depends on two things:

- how much experience you have had with evaluation, and
- how much evaluation you intend to do.

### Your Experience

If you are an experienced evaluator, you will probably want to focus on the second section, the Evaluation Model. You may find some new ideas and the data collection instruments should prove helpful to you. You can skim the first section, the Overview, and more than likely you are already familiar with the information in the Managing Data section and parts of the Appendices.

If your experience with evaluation is somewhat limited, you should read the first section, the Overview; it will provide you with directions as to how to work through the evaluation model most efficiently. The Managing Data section was specifically written for individuals who have had very little experience with summarizing and analyzing data and the Appendices will provide background information needed to give you a better understanding of the model contents and design.

## Extent of the Evaluation

No program or school system would ever want to simultaneously examine all the components and subcomponents contained in the model. The model is actually a menu -- pick and choose the items that are of the most interest to you and leave the rest for another customer or another visit. To take it all would surely do you in!

Some users will be interested in doing more than others. Factors which should be taken in to consideration include:

- How much information is needed to adequately address the your evaluation concerns?
- How much time can you devote to collecting and analyzing the information that is gathered?
- Is there additional staff available to help with clerical or analytical tasks?
- Do you have access to a computer or would the information have to be hand-tallied and calculated?
- How critical the information is to improve program services?

If you don't know how much you intend to do, we'll tell you enough about how to use the contents of the model so that you can decide for yourself. We'll also tell you what data collection activities are feasible if you don't have access to a computer.

# OVERVIEW

## What's an Evaluation Model?

We are using the term evaluation model to refer to a package of materials that can be used to conduct an evaluation of some aspect of service provision to handicapped preschoolers. As indicated previously, this package includes: questions to be answered, instruments for collecting information, suggestions for when and how to use the various instruments, and methods for analyzing and summarizing the information.

## How is the Model Organized?

The model is organized into five main sections called Components. Each component addresses a general aspect of service provision to preschool handicapped children. The five Components are:

- Child Find Procedures,
- The Assessment Process,
- The Placement Process,
- Program Effectiveness, and
- Program Management.

Each Component is divided into Subcomponents which focus on a specific area within the Component. For example, Preplacement Assessment and Postplacement Assessment are two subcomponents in the Assessment Process Component. See Table 1 for a description of each component and its subcomponents.

## What's in a Component?

Within a component is all the information that you will need to help design an evaluation and to collect the information needed to address your evaluative concerns. Each component is organized so that the following information is provided for each of its subcomponents:

- a description,
- a list of the evaluation questions which might be answered,
- a table with suggestions on when the data collection should occur,
- a chart of the data collection instruments developed or available in the model,
- the data collection instruments, and
- a list of special notes and additional considerations for using the data collection instruments.

## TABLE 1

### Description of Components

The Child Find Component addresses the operation and administration of a child find unit, procedures for alerting the community to child find activities/services, and the various steps employed in the screening process.

Subcomponents: Administration            The Screening Process
                  Community Awareness

*****

The Assessment Process Component focuses on the various stages in testing a preschool child to determine if a handicapping condition exists, what that condition may be, and from what instructional programming the child could profit most.

Subcomponents: Preplacement Assessment   Postplacement Assessment

*****

The Placement Process Component examines the procedures by which a child is placed in a special education program. Topics covered include what information is needed before a child can be considered for placement, what is discussed during a placement meeting, whether or not appropriate placements are made, and how the overall process develops.

Subcomponents: Intake/Review Process     Appropriateness of Placement
                  The Placement Meeting     Overview of the Placement Process

*****

The Program Effectiveness Component encompasses several areas: changes in the child's developmental skills and within the child's family following placement, the amount and quality of services delivered to the child and parents, and the background characteristics of students/families/staff.

Subcomponents: Changes in the Child      Services to Parents
                  Changes in the Family     Staff/Student Descriptive Information
                  Service Delivery

*****

The Program Management Component examines two aspects of how a program is managed and operated: the communication procedures that occur among staff members and between staff and parents, and how student information (test scores, IEP's, assessment reports, etc.) is filed, updated and maintained.

Subcomponents: Communication             Record Keeping

## What are Evaluation Questions?

Evaluation questions are the foundation on which an evaluation is built. They address the concerns and issues about which you, the evaluator, or your clients (people who ask to have an evaluation done) want information. These questions guide how the evaluation is carried out, i.e., what information is collected, from whom the information is collected, when the information is collected, how it is collected and how it is summarized. We'll talk more about evaluation questions later when we discuss how to get started using the evaluation model.

## What are Data Collection Instruments?

Data collection instruments are the "tools" you can use to collect the information you will need to answer your evaluation questions. The model includes 35 "tools" or data collection instruments of four basic types:

- 24 questionnaires,
- 2 interviews,
- 7 record reviews, and
- 2 observation systems.

We developed the instrumentation so that collecting data would be as simple as possible. Additionally, most of the instruments are formatted so that the information collected can be easily hand-tallied or entered onto a computer.

All of the instruments were developed to answer three basic questions:

- What is the current status of an activity?
- What aspects of an activity work well or poorly?
- How can an activity be improved?

Questionnaires make up the majority of the instrumentation. Because they are designed to be self-administered, they are perhaps the most time efficient tool that could be developed. Interviews were developed as data collection tools for circumstances when an instrument was needed that could adapt to unique situations where probing into a process and/or the reasons for a particular answer was important. Record reviews are included in those components of the model where information can be found in student files to answer evaluation questions or to clarify other information collected. Observation Systems were developed for those components where direct observation of certain activities was seen as the most appropriate way to collect information on those activities.

For more detailed descriptive information on the different types of instruments developed in the model, refer to **Appendix C, Description of the Different Types of Instruments.**

## Getting Started

Generally one begins an evaluation with a question or set of questions. Sometimes one doesn't have a specific question in mind but does know a general area that should be examined, for example, "I think we need to look at our placement process, but what do we ask about it?" Sometimes one doesn't even have an area in mind because he/she is not sure what would be most helpful to examine.

If you have an area in mind and a set of questions to address, turn to the component that encompasses that area. If you don't have an area or a question, read the descriptions of the subcomponents provided on the pink pages in each component. Then turn to the Evaluation Study Questions on the blue pages in each of the components -- look over questions, see what you like, what interests you, what you need, etc.

If you're doing evaluation for a number of different people, e.g., teachers and administrators, be aware that their concerns may not always the same. You may have to include questions for both or decide whose questions must really be addressed. Before developing or selecting evaluation study questions, you might find it helpful to meet and talk with the people who will ultimately be affected by and/or use the evaluation results. They may be able to offer you some insight into the process you are trying to evaluate. They can also help you focus your evaluation efforts on the areas that are most important to them. If you incorporate this information into your evaluation, this can increase the likelihood that the results will be used.

Suppose you are interested in obtaining some type of information to show that the special education services are being delivered effectively. Start by going to the Program Effectiveness Component of the model and reading the description of the subcomponents (pink pages). Select the subcomponent most closely related to your interests and review its corresponding evaluation questions (blue pages). The Evaluation Study Questions chart will direct you to the data collection instruments that you can use to answer the question or questions in which you are interested.

Let's suppose that after reviewing the study questions you still have some concerns about what area you should examine. You decide to discuss your general focus, program effectiveness, with some of the teachers in the program. From this discussion you discover that the children's parents are very involved in the education of their children. The teachers suggest that parents may be a good source of information on the effectiveness of the educational program. If you want to include parents in your evaluation, you can then go back and review the evaluation questions and select the questions requiring parent input.

If you don't quite understand what a particular study question means, look at the data collection instruments and see what's on them. For example, in the Program Effectiveness Component, Changes in the Family Subcomponent, there is a question which asks,

> During the time that the child was provided with special education, was there a change in any of the following family characteristics:
>
> a. parent employment status,
> b. parent occupation,
> c. frequency of parent social activities,
> d. nature of the relationships between various family members and the handicapped child?

You might wonder what part d of this question means. To find out, look up the instrument(s) indicated on the Evaluation Study Questions chart next to the question. Two questionnaires are listed: the Family Characteristics, Parent Questionnaire, Forms I and II. After reviewing these instruments you find that question 6 on Form II addresses the above evaluation question.

Use the answer choices below to indicate how the relationships among your family members might have changed between 1) the beginning of this school year and 2) the present time.

**Answer Choices:**

1=Much more positive
2=Slightly more positive
3=No change; relationship continues to be good
4=No change; relationship could be better
5=Slightly more negative
6=Much more negative
7=Not applicable

How would you describe any changes that may have occurred in the relationships between:

mother and program child? .................... ____
father and program child? .................... ____
parents and other children in the family? .................... ____
program child and other children in the family? .................... ____
program child and neighborhood children? .................... ____

The respondent is to indicate changes in the nature of various relationships by selecting one of seven possible answers. The question asks about the relationships between the handicapped child (program child) and the following family members: mother, father, and other children in the family.

## Using the Instrumentation

Before using any of the data collection instruments, there are several decisions you will need to make:

- When and how frequently should the instruments be used?
- What is the best way to use the instruments?
- Can the instruments be used as is or will they need to be modified?
- What type of financial resources are available?

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## When to Use the Instruments

To help you decide when and how frequently to use the instruments that you chose, turn to the yellow pages in the component in which you are interested. We have included a chart on those pages that lists each of the instruments in one column and suggestions for when to use the instruments in the second column. This information is offered only as a guide; your own situation may require using the instruments at different times during the school year or more or less frequently than we suggest.

## How to Use the Instruments

Each of the four different types of data collection instruments contained in the model involve different techniques for collecting information. Questionnaires are designed to be self-administered and are primarily made up of questions and a fixed set of answer choices from which the respondent must choose. Interviews require that someone read the questions to a respondent and probe for clarification of ambiguous responses. Interview questions tend to be more open-ended, i.e., the respondent must answer questions in his/her own words. Record reviews involve someone examining student files and recording certain information onto a data response form. The observation systems require someone directly observing classroom activities or placement meetings and coding the events that occur.

If you're new to evaluation or have limited experience, there are several sections in the manual that you should read:

- o Special Notes on the Instruments (green pages in the component with which you are working)
- o Managing Data
  - - Data Collection
- o Appendix

These sections will provide you with information about each data collection instrument that will help you use them, general recommendations for collecting information using each type of instrument, detailed descriptions of each type of instrument and their format, and references you can look up if you would like more information on the different types of instruments.

If you have experience using the type of instrumentation you selected from the model, you can skip or skim the Data Collection section in Managing Data and the Appendix B, the Annotated Bibliography, and Appendix C, Description of the Different Types of Instruments. You should, however, look over the green pages, Special Notes on the Instrumentation, in the component with which you are working.

Whether or not you are an experienced evaluator, you will want to read Appendix D, Format, Codes and Identification Numbers. This section will discuss the format of the instruments, the use of card column numbers for entering the information into a computer, and the use and assignment of identification numbers.

## Modifying the Instruments

After you have selected the evaluation questions and decided what instruments are best for your evaluation, look over the data collection instruments you selected to decide if they will obtain all the information you need. You may find that you want to add a question or eliminate one. We encourage you to do so. However, these instruments have been extensively field-tested and/or reviewed by professionals to ensure that the intended respondents could easily complete them. You will lose these benefits if you radically change the instruments. Depending on your time, you can always use the format and style of the items on these instruments to develop and field-test your own, but the model was developed so you wouldn't have to.

Although the data collection instruments were designed to be simple for the respondents to answer, you may feel that a few of the parent questionnaires could not be completed accurately without supervision. In those instances, we would encourage you to use the questionnaire as an interview, take advantage of a parent group meeting or schedule one where you can be available to answer questions or give verbal directions. Be aware, however, that this will mean more of your (or the interviewer's) time. If information from parents is important to you, it is a necessary and wise investment of time.

## Your Financial Resources

When selecting an instrument, you will need to keep in mind that some information costs more to collect than other information. For example, it costs less to mail out 50 questionnaires than to conduct 50 interviews mainly because of the number of staff hours required to conduct interviews.

You may also find that you need to refine or eliminate some of the instruments in a subcomponent because of the resources required to use them. For example, the Child and Classroom Activity, Classroom Observation System in the Service Delivery Subcomponent of Program Effectiveness is an extremely valuable technique for describing the types of activities which occur in a preschool special education program. Unfortunately, its use requires well-trained observers spending a great deal of time in classrooms. While it could be used on a limited basis (e.g., 10 or 15 times) to get a general sense of the types of activities in which handicapped preschoolers engage, to be able to relate what a child does to how much he/she learns requires extensive use of the system. The ideal way to use the system would be to collect a sufficient number of observations on each child (e.g., 25 to 30, distributed throughout the year, on different days of the week and different times of the day) to produce a good picture of how each child spends his or her time. This detailed, individualized picture for each child could be related to developmental gains over the course of the school year in order to answer such questions as, "Do children who spend the most time in language arts activities show the most gains on language tests?"

## What's Next?

So far you've been shown how to use the evaluation model to:

- identify the area you wish to evaluate,
- identify your evaluation question(s),
- select data collection instruments, and
- decide how and when to use the instruments.

All of these decisions make up the design of your evaluation. Your next step is to implement your design. The section, Data Collection, in Managing Data offers some suggestions on how to go about implementing your design.

## What To Do With the Information Collected?

If you are experienced with processing and analyzing data you probably do not need any help with answering this question. If you have not had any experience in this area, several segments in the Managing Data section were written for you. In this section you will find suggestions for processing, analyzing and summarizing the information you collected. Examples are included on how to analyze and summarize the data depending on the type of question, i.e. answers to multiple choice questions need to be handled differently than answers to rank-order questions. There are also examples of summary reports in Appendix H showing you the types of information that can be generated and summarized using some of the instruments.

## CONCLUSION

In developing this evaluation model and preparing this manual we have tried to anticipate all of the information that you will need to conduct an evaluation of different aspects of service provision to handicapped children. We have given you the basics in this manual, as well as directions for finding additional information via Appendix B, the Annotated Bibliography.

We hope our work will be of use to you and that it will make some contribution to your efforts to improve services for preschool handicapped children.

## COMPONENT: Child Find Procedures

Description of Subcomponents
Chart of Data Collection Instruments
Evaluation Study Questions
When to Use the Data Collection Instruments
Data Collection Instruments
Special Notes on the Instruments

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## Description of Subcomponents

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The Administration subcomponent examines the administration and operation of preschool child find activities in a school district.

*****

The Community Awareness subcomponent provides instrumentation to evaluate community awareness of the preschool child find activities and services offered by a school district and the procedures by which the community is made aware of these activities and services.

*****

The Screening Process subcomponent focuses on how a preschool child find unit selects children to be screened and tests them. It also provides the tools necessary to summarize intake information and test results.

---

COMPONENT: Child Find

| Instruments | Subcomponents | | |
|---|---|---|---|
| | Administration | Community Awareness | Screening Process |
| Special Education Director Questionnaire | X | | |
| Preschool Child Find Director Questionnaire | | X | X |
| Parent Questionnaire | | X | X |
| Record Reviews | | | X |

COMPONENT: Child Find Procedures
SUBCOMPONENT: Administration

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. What department/staff are responsible for various preschool child find activities? | Child Find Administration, Special Education Director Questionnaire |
| 2. Do school districts have written goals and objectives for their preschool child find activities? | Child Find Administration, Special Education Director Questionnaire |
| 3. What procedures are used to identify handicapped preschoolers and which are more effective? | Child Find Administration, Special Education Director Questionnaire |
| 4. What is the source of funding for preschool child find activities? How does it compare with the total special education budget and with the budget for child find activities for all age groups? | Child Find Administration, Special Education Director Questionnaire |
| 5. What, if any, changes are planned for preschool child find activities in the next two years? | Child Find Administration, Special Education Director Questionnaire |

**COMPONENT: Child Find Procedures**
**SUBCOMPONENT: Community Awareness**

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. How do school districts advertise preschool child find activities? How frequently, where and in what form are they advertised? | Child Find Community Awareness, Preschool Child Find Director Questionnaire |
| 2. What information is obtained from individuals who inquire about preschool child find activities? How is this information used and how long is it maintained? | Child Find Community Awareness, Preschool Child Find Director Questionnaire |
| 3. What criteria do school districts use to determine if their preschool child find activities were successful? | Child Find Community Awareness, Preschool Child Find Director Questionnaire |
| 4. Does the school district follow-up on inquiries about preschool child find activities/services? | Child Find Community Awareness, Preschool Child Find Director Questionnaire |
| 5. How aware are parents of preschool child find activities? | Child Find Community Awareness, Parent Questionnaire |
| 6. How have parents found out about preschool child find activities? | Child Find Community Awareness, Parent Questionnaire |
| 7. Are certain groups of parents more or less knowledgeable about preschool child find activities ( groups based on number of parents living with child, employment status, ethnic or racial background, primary language in home, socioeconomic status, and educational level)? | Child Find Community Awareness, Parent Questionnaire |

**COMPONENT:** Child Find Procedures
**SUBCOMPONENT:** Screening Process

---

## Evaluation Study Questions

---

| | Question | Instrument |
|---|---|---|
| 1. | What is the percentage of preschool children in a school district who are screened for possible handicapping conditions? | Child Find Screening Process, Preschool Child Find Director Questionnaire, Part A |
| 2. | How many of the children who are screened are (a) identified as not requiring special education, (b) identified as needing special education, and (c) provided special education services? | Child Find Screening Process, Preschool Child Find Director Questionnaire, Part A |
| 3. | What screening procedures are used? | Child Find Screening Process, Preschool Child Find Director Questionnaire, Part A |
| 4. | With respect to screening clinics:<br>(a) how frequently are they held and<br>(b) how are they conducted? | Child Find Screening Process, Preschool Child Find Director Questionnaire, Part A |
| 5. | What and how many tests are used to screen a preschool child? How were these tests selected? | Child Find Screening Process, Preschool Child Find Director Questionnaire, Part B |
| 6. | What are the possible recommendations that can be made once a child is screened? What factors contribute to making these recommendations? | Child Find Screening Process, Preschool Child Find Director Questionnaire, Part C |
| 7. | Do staff follow-up to ensure that parents follow recommendations? What percentage of parents do not follow through on recommendations? | Child Find Screening Process, Preschool Child Find Director Questionnaire, Part C |
| 8. | What information is maintained on a child after screening? How is it used and how long is it maintained? | Child Find Screening Process, Preschool Child Find Director Questionnaire, Part D |
| 9. | When and how are screening results explained to parents? | Child Find Screening Process, Preschool Child Find Director Questionnaire, Part E |

continued

| Question | Instrument |
|---|---|
| 10. Do certain groups of parents have their preschoolers screened (groups based on number of parents living with child, employment status, geographic location, ethnic or racial group, primary language in the home, socioeconomic status)? | Child Find Screening Process, Demographics/Satisfaction Rating, Parent Questionnaire |
| 11. What were parent perceptions about the manner in which their child's screening was conducted? | Child Find Screening Process, Demographics/Satisfaction Rating, Parent Questionnaire |
| 12. How satisfied are parents with the manner in which their child's screening wasconducted? | Child Find Screening Process, Demographics/Satisfaction Rating, Parent Questionnaire |
| 13. Are certain groups of parents more or less satisfied with the manner in which preschool child find activities are conducted (groups based on number of parents living with child, employment status, geographic location, ethnic or racial group, primary language in the home, socioeconomic status)? | Child Find Screening Process, Demographics/Satisfaction Rating, Parent Questionnaire |
| 14. What are parent recommendations for improving the screening process? | Child Find Screening Process, Demographics/Satisfaction Rating, Parent Questionnaire |
| 15. With respect to the intake interview or initial inquiry to the child find office, what are: (a) the age and sex of the children about whom concerns are expressed, (b) the reason for the inquiry, (c) the areas in which a delay or problem is suspected, (d) the number of children who have had previous evaluations or are presently enrolled in a program, (e) the birth order of the child, (f) the number of siblings with diagnosed learning problems, and (g) the frequency of various type of recommendations given to inquirers? | Child Find Screening Process, Summary of Intake Information, Record Review |
| 16. With respect to the number of children whoare screened: (a) what was the average age and age range; (b) which ability areas were screened; (c) what were the results of the screening; and (d) what recommendations were made? | Child Find Screening Process, Summary of Screening Results, Record Review |

COMPONENT: Child Find

## When to Use the Instruments

SUBCOMPONENT: Administration

| Instrument | When to Use |
|---|---|
| Child Find Administration, Special Education Director Questionnaire | At any time during the school year. |

*****

SUBCOMPONENT: Community Awareness

| Instrument | When to Use |
|---|---|
| Child Find Community Awareness, Preschool Child Find Director Questionnaire | Toward the end of the school year. |
| Child Find Community Awareness, Parent Questionnaire | At any time during the school year. |

*****

SUBCOMPONENT: Screening Process

| Instrument | When to Use |
|---|---|
| Child Find Screening Process, Preschool Child Find Director Questionnaire | Toward the end of the school year. |
| Child Find Screening Process, Demographics/Satisfaction Rating, Parent Questionnaire | After a child is screened. |
| Child Find Screening Process, Summary Intake Information, Record Review | During initial telephone contact with child find unit or review unit's notes/forms at any time during the school year. |
| Child Find Screening Process, Summary of Screening Results, Record Review | After a screening session. |

COMPONENT: Child Find

## Data Collections Instruments

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**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## CHILD FIND ADMINISTRATION
## Special Education Director Questionnaire

School District Name: ____________________

Respondent's Name: ____________________

Respondent's Title: ____________________

The purpose of this questionnaire is to obtain information regarding the administration and operation of preschool child find activities in your school district.

**Directions:** Several different types of questions are asked. In some you will need to respond by writing out your answer. In others you will be asked to select from among several answer choices by writing a number in a space to the right of the question.

If there are some questions which you cannot answer, please discuss them with any member of your staff who may be more familiar with the type of information requested.

**Example**

Indicate which child find procedures are used by your school district to identify preschool children who need special education.

**Answer Choices:**

**1=This procedure is used.**
**2=This procedure is not used.**

Child find screening clinic .................................. 1

Notices in pediatrician's offices .......................... 2

This respondent's answers indicate that child find screening clinics are used in his/her school district but that notices are not placed in pediatrician's offices.

Use the reverse side of this page to clarify any of your answer choices.

**Thank you for your help.**

**CHILD FIND ADMINISTRATION**
**Special Education Director**

**Office Use**

Form Code: 160 1-3
School District Code: ______ 4-5
Position Code: ______ 6-7

1. In the spaces provided below, indicate which department and staff position, if any, within your school system is primarily responsible for the following activities: [If your school system does not conduct an activity, indicate this by writing NA after the activity.]

   a. Answering inquiries regarding services or testing for preschool children:

   Office Use

   Department: .................................................... ______ 8-9
   Position: .................................................... ______ 10-11

   b. Advertising screening clinics, testing, or services for preschool children:

   Department: .................................................... ______ 12-13
   Position: .................................................... ______ 14-15

   c. Scheduling testing for preschool children suspected of having a handicapping condition:

   Department: .................................................... ______ 16-17
   Position: .................................................... ______ 18-19

   d. Screening preschool children for possible handicaps:

   Department: .................................................... ______ 20-21
   Position: .................................................... ______ 22-23

   e. Following up on preschool children who were screened:

   Department: .................................................... ______ 24-25
   Position: .................................................... ______ 26-27

   f. Other child find activities (Specify: ______________________________ )

   Department: .................................................... ______ 28-29
   Position: .................................................... ______ 30-31

2. Within the administrative structure of your school district, where is (are) the department(s) which conduct(s) preschool child find activities located? Briefly describe on the lines provided below where the department(s) is (are) located. If possible, attach an administrative flow chart illustrating the relationship of these departments to the total administrative structure of your school district.

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

   ______________________________________________________________

3. Is there a formal written statement that outlines the goals and objectives for your school district's preschool child find activities? Write the number of one of the answers in the space to the right . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 32

**Answer Choices:**

1=Yes
2=No

**If your answer is "Yes," please attach a copy of these goals/objectives to the questionnaire when you return it.**

4. Indicate which child find procedures are used by your school district to identify preschool children who need special education.

**Answer Choices:**

1=This procedure is used.
2=This procedure is not used.

Child find screening clinic . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 33
Notices in pediatrician's offices . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 34
Door to door canvasing . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 35
General information campaign (posters in stores, ads on radio, etc.) . . . . . . . . . . . . . . ______ 36
Other (Specify: ____________________________________________) ______ 37
Other (Specify: ____________________________________________) ______ 38

5. Which of the following is most effective for locating preschool children in your school district? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 39

**Answer Choices:**

1=Child find screening clinic
2=Notices in pediatrician's offices
3=Door to door canvasing
4=General information campaign (posters in stores, ads on radio, etc.)
5=Other (Specify: ______________________________)

6. Which age groups are included in your preschool child find activities? Indicate the age range of children in these activities by recording the youngest and oldest ages in months in the spaces below:

Youngest: ______ months 40-42 Oldest: ______ months 43-45

7. What percentage of the funds available for preschool child find activities are provided by the following? Write your answer in the space to the right of each possible funding source. If you answer is 100%, write 99 in the space.

Federal ........................................ ______ % 46-47

State funds ........................................ ______ % 48-49

Local funds ........................................ ______ % 50-51

Other (Specify: ________________________________ ) ______ % 52-53

Other (Specify: ________________________________ ) ______ % 54-55

Total=100%

8. What percentage of funds available for special education services are used for preschool child find activities? Please write your answer in the space to the right .............. ______ % 56-57

9. What percentage of funds available for child find activities are used for preschool child find activities? Please write the percentage in the space to the right ................. ______ % 58-59

10. Does your school district have plans for changing its preschool child find activities in the next two years? ........................................ ______ 60

**Answer Choices:**

1=Yes
2=No

**If your answer is "No," stop here; you have completed this questionnaire. Thank you.**

**If your answer is "Yes," go to question 11.**

11. Please indicate in what way(s) the preschool child find activities in your school district may be changed.

**Answer Choices:**

1=This change is planned.
2=This change is not planned.

Reduction in staff .................... ______ 61
Increase in staff .................... ______ 62
Reduction in the number of screening clinics .................... ______ 63
Increase in the number of screening clinics .................... ______ 64
Restriction of the age range screened (Specify: ______________________) ______ 65
Extension of the age range screened (Specify: ______________________) ______ 66
Decrease in amount of funds available .................... ______ 67
Increase in amount of funds available .................... ______ 68
Change in test instruments used .................... ______ 69
Increase in number of tests used .................... ______ 70
Decrease in number of tests used .................... ______ 71
Revision of forms used .................... ______ 72
Other (Specify: ______________________________________) ______ 73
Other (Specify: ______________________________________) ______ 74

This concludes this questionnaire. Thank you.

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## CHILD FIND COMMUNITY AWARENESS
### Preschool Child Find Director Questionnaire

School District Name: ______________________________

Respondent's Name: ______________________________

Respondent's Title: ______________________________

This questionnaire focuses on your school district's efforts to make the community aware of preschool child find activities and how your staff handle inquiries made to your office regarding these activities.

**Directions:** Most questions ask you to indicate your answers by writing an answer choice number on a line provided to the right of each question.

**Example:**

How is the public informed about preschool child find activities?
**Please attach copies of materials you distributed.**

**Answer Choices:**

**1=This method is used.**
**2=This method is not used.**

Posters in public places .................................. 1

Pamphlet/Brochures distributed in public places ............ 2

This respondent indicated that his/her preschool child find unit informs the public about their services by placing posters in public places and that pamphlets/brochures are not distributed in public places.

If there are some questions which you cannot answer, please discuss them with any member of your staff who may be more familiar with the type of information requested.

Use the reverse side of this page to clarify any of your answer choices.

**Thank you for your help.**

**Child Find Community Awareness**
**Preschool Child Find Director**

**Office Use**

Form Code: 165 1-3
School District Code: ______ 4-5
Position Code: ______ 6-7

1. Does your school district conduct preschool child find campaigns, i.e., advertise in the community that educational assessments and special education services are offered by the school district for preschool children with special needs? ______ 8

**Answer Choices:**

**1=Yes—Go to Question 2**
**2=No—Go to Question 6**

2. How many times during the school year are preschool child find campaigns carried out? Please write the number of your answer in the spaces to the right. If your answer is 4, write 4 in the spaces ______ 9-10
3. Where are individual preschool child find campaigns conducted? ______ 11

**Answer Choices:**

**1=Throughout the entire school district**
**2=In a limited geographic area**

4. Are all preschool child find campaigns conducted in the same manner (e.g., the same age group is addressed, the same information is distributed?) ______ 12

**Answer Choices:**

**1=Yes—Go to Question 6**
**2=No—Go to Question 5**

5. Indicate briefly in the space provided below the way in which the campaigns differ.

______________________________

______________________________

______________________________

______________________________

6. How is the public informed about preschool child find activities? **Please attach copies of materials you distribute.**

**Answer Choices:**

**1=This method is used.**
**2=This method is not used.**

Posters in public places ______ 13
Pamphlets/Brochures distributed in public places ______ 14
Radio advertisements ______ 15
Television advertisements ______ 16
Information sent to pediatricians ______ 17
Information sent to children's hospitals ______ 18
Professional advertising firm is used ______ 19
Advertisements in newspapers ______ 20
Advertisements in agency newsletter ______ 21
Pamphlets/brochures distributed to nonpublic schools ______ 22
Pamphlets/brochures distributed to government agencies ______ 23
Pamphlets/brochures distributed to private day care centers ______ 24
Other (Specify: ______________________________) ______ 25
Other (Specify: ______________________________) ______ 26

7. What information is given to the public about preschool child find activities?

**Answer Choices:**

**1=This information is given.**
**2=This information is not given.**

Warning signs of a handicap ______ 27
What office to contact ______ 28
Phone number(s) ______ 29
How to arrange to have child screened ______ 30
When screening can be done ______ 31
Location where screening can be done ______ 32
Types of services available ______ 33
Availability of transportation ______ 34
Which clinics are appropriate for which children ______ 35
Other (Specify: ______________________________) ______ 36
Other (Specify: ______________________________) ______ 37

8. What information is obtained from individuals who make inquiries about preschool child find activities? **Please attach copies of the forms used to record this information.**

**Answer Choices:**

**1=This information is obtained.**
**2=This information is not obtained.**

Inquirer's area of concern .................................................. ______ 38
Child's developmental landmarks .............................................. ______ 39
Child's medical history ...................................................... ______ 40
Mother's conditions during pregnancy ......................................... ______ 41
Current vision skills/behavior ............................................... ______ 42
Current hearing skills/behavior .............................................. ______ 43
Current speech and language skills ........................................... ______ 44
Current motor skills ......................................................... ______ 45
Current self-help skills ..................................................... ______ 46
Current health status ........................................................ ______ 47
Other (Specify: ______________________________________________________ ) ______ 48
Other (Specify: ______________________________________________________ ) ______ 49

9. How is the information that you noted in Question 8 used?

**Answer Choices:**

**1=Information is used in this manner.**
**2=Information is not used in this manner.**

Testers review information prior to testing child ............................ ______ 50
Information is referred to during staffing after child is screened .......... ______ 51
Information is compiled to obtain descriptive information on types of inquiries made .. ______ 52
Information is shared with other departments/staff within the school system upon request for information on a certain child ........................................ ______ 53
Information used to refer family to an appropriate diagnostic agency ......... ______ 54
Other (Specify: ______________________________________________________ ) ______ 55
Other (Specify: ______________________________________________________ ) ______ 56

10. How long is this information maintained? Select one of the answer choices below to indicate the amount of time that this information is kept on file ........................................ ______ 57

**Answer Choices:**

**1=Less than 6 months**
**2=6 months to 1 year**
**3=Between 1 and 2 years**
**4=Information is maintained for an unlimited amount of time.**

11. Who has access to this information other than child find staff?

**Answer Choices:**

**1=Has access.**
**2=Does not have access.**

Placement office personnel ........................................ ______ 58
Private psychologists ........................................ ______ 59
Health Department personnel ........................................ ______ 60
Personnel at child's future placement ........................................ ______ 61
Other school system personnel (Specify: ______________________________ ) ______ 62
Other (Specify: ________________________________________ ) ______ 63

12. Do you use any of the following criteria to determine if your child find efforts were successful?

**Answer Choices:**

**1=Criterion used.**
**2=Criterion not used.**

Number of inquiries made after a campaign (Specify number set as criterion: _____ ) .. ______ 64
Number of inquiries made during the school year (Specify number set as criterion:_____ ) ........................................ ______ 65
Number of children scheduled for subsequent screening clinic (Specify number set as criterion:_____ ) ........................................ ______ 66
Number of children and parents who actually show up for screening clinics (Specify number:_____ ) ........................................ ______ 67
Other (Specify: ________________________________________ ) ______ 68

13. Under what conditions is a follow-up conducted to determine whether an inquirer followed the recommendations given to them .................................................. ______ 69

**Answer Choices:**

1=Inquirers are routinely contacted shortly after their initial call.
2=Inquirers are contacted if forms they were to complete were not received or were incomplete.
3=Inquirers are contacted only if the individual whom the inquirer was to contact informs the child find staff that the contact was not made.
4=Generally inquirers are not contacted to see if they followed recommendations.
5=Other (Specify: ______________________________)

**This concludes this questionnaire. Thank you.**

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**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

# CHILD FIND COMMUNITY AWARENESS
## Parent Questionnaire

School districts are responsible for identifying preschool children who may have special educational needs. One aspect of this responsibility is to make the community aware of the fact that the school district tests preschool children to determine if they have a handicap.

**Directions:** This questionnaire has two parts. Part I is designed to find out if parents or guardians of kindergarten-aged children are aware of the school district's activities to locate and serve preschool children with special needs. Part II of the questionnaire is designed to collect descriptive information on the families of kindergarten children to determine whether or not certain groups of parents/guardians are aware of these preschool child find activities.

Answer choices have been provided for most of the questions. Each answer choice has a number in front of it. To answer each question, write the number of the answer choice in the space to the right of each question or statement.

**Do not write your name anywhere on this questionnaire.**

**Example:**

How long have you lived in Montgomery County? In the space to the right write the number of one of the answer choices below . . . . . . . . . . . . . . . . . . 2

**Answer Choices:**

**1=The past 5 years or longer**
**2=The past 4 years**
**3=The past 3 years**

An answer of "2" to this question means that the parent lived in Montgomery County for the past 4 years.

**Thank you for your help.**

MCPS 149-9933, revised 5/83

**CHILD FIND COMMUNITY AWARENESS**
**Parent Questionnaire**

**Office Use**

Form Code: 665 1-3
School Code: ______ 4-5

### Part I—Child Find Community Awareness

1. What is the name of the school your child will attend in September?

______________________________________________

2. How long have you lived in Montgomery County? In the space to the right, write the number of one of the answer choices below ........ ______ 8

**Answer Choices:**

1=The past 5 years or longer
2=The past 4 years
3=The past 3 years
4=The past 2 years
5=The past year
6=Less than the past year

3. Were you aware that the public school system provides services to handicapped preschoolers? ______ 9

**Answer Choices:**

1=Yes—Go to Question 4
2=No—Go to PART II

4. List below any activities or services that you know are offered by the school district for handicapped preschoolers.

______________________________________________

______________________________________________

______________________________________________

______________________________________________

5. How did you find out about the activities you listed in Question 4? **Check all that apply.**

Posters in public places ........ ______ 10
Pamphlets/brochures distributed in public places ........ ______ 11
Radio advertisements ........ ______ 12
TV advertisements ........ ______ 13
Pediatrician ........ ______ 14
Staff at a children's hospital ........ ______ 15
Newspaper ........ ______ 16
Staff at a private school ........ ______ 17
Friend ........ ______ 18
School district employee ........ ______ 19
Other (Specify: ______________________) ______ 20

6. Did you ever contact an office in the school district to discuss concerns you might have had about your child who is about to enter Kindergarten? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 21

**Answer Choices:**

1=Yes—Go to Question 7
2=No—Go to PART II

7. What was the name of this office? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 22-23

8. When you contacted this office about concerns you might have had regarding your child, what happened? Please read each answer choice very carefully before selecting the one that most accurately answers this question for you. In the space provided, write the number of one of the answer choices below . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 24

**Answer Choices:**

1=I was given general information about the services offered by the school district.
2=I was told to call another office within the school district which was able to give me the information I needed.
3=I was told that my child did not need to be tested because my concerns did not suggest any serious problem.
4=Plans were made to have my child screened, but the screening was never done.
5=My child was tested, but after this testing I was told that my child did not need more testing or special education services.
6=My child was tested, and I was told that more testing was needed; but these tests showed that my child did not need to go a special education program.
7=My child was tested; more testing was needed and these tests showed that my child needed to go to a special education program.

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## Part II—Family Information

To answer each question write one of the answer choices numbers in the space to the right.

1. Which parents/guardians live with the child entering kindergarten .................... ______ 26

**Answer Choices**

1=Male parent/guardian
2=Female parent/guardian
3=Both male and female parents/guardians

2. Indicate parent(s)/guardian(s) employment:

a. Male .................................... ______ 27
b. Female .................................... ______ 28

**Answer Choices**

1=Employed
2=Unemployed
3=This parent/guardian is not living with child.

3. To what ethnic or racial group does the child belong? .................... ______ 29

**Answer Choices**

1=American Indian or Alaskan native
2=Asian/Pacific Islander
3=Black (Not of Hispanic origin)
4=White (Not of Hispanic origin)
5=Hispanic
6=Other (Specify: ____________________)

4. Is English the primary language used in the home? .................... ______ 30

**Answer Choices**

1=Yes
2=No

5. Indicate the family's annual income .................... ______ 31

**Answer Choices**

1=Less than $10,000
2=$10,000 to $19,999
3=$20,000 to $29,999
4=$30,000 to $39,999
5=$40,000 to $49,999
6=$50,000 to $59,999
7=$60,000 or greater

6. Indicate the highest level of education obtained by parent(s)/guardian(s):

a. Male .................................... ______ 32
b. Female .................................... ______ 33

**Answer Choices**

1=Less than high school
2=Some high school; did not graduate
3=High school graduate
4=1—3 years of college
5=College graduate
6=Master's degree
7=Doctoral or advanced professional degree
8=This parent/guardian is not living with child.

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**Montgomery County Public Schools**
**Rockville, Maryland**

## CHILD FIND SCREENING PROCESS
### Preschool Child Find Director Questionnaire

School District Name: ______________________________

Respondent's Name: ______________________________

Respondent's Title: ______________________________

The purpose of this questionnaire is to collect information regarding procedures used by your school district to conduct screening of preschool children. Screening is a procedure in which children are identified who may need further testing to determine if they require special educational services. Usually children are identified through the use of an assessment instrument that yields a global picture of the child's ability in several areas such as gross and fine motor, speech and language, cognition, emotional and self-help skills. If this testing suggests that the child may be deficit in some area, further testing is done to diagnose exactly what the child's needs are. The term screening as it is used in this questionnaire only refers to the testing which "flags" a child as possibly having a handicapping condition, not the testing that is done to diagnose the child's specific problem.

**Directions:** This questionnaire is divided into five sections. Section A asks questions about screening procedures; Section B focuses on screening assessment instruments. Section C requests information on recommendations made as a result of screening and Section D consists of specific questions on the type of child data that is collected as a result of screening. Finally, Section E asks for information on how screening results are explained to parents.

Several different types of questions are asked. In some you will need to respond by indicating the percentage of children that fall into certain categories. In others you will be asked to indicate as many answer choices that are applicable to your school district. Other questions will ask you to write out your response.

If there are some questions which you cannot answer, please discuss them with a member of your staff who may be more familiar with the type of information requested.

Use the reverse side of this page to clarify any of your answers.

**Example:**

During this school year (19__-19__), how many preschool children were screened (i.e., tested in some manner) by school district personnel to determine if they might have a handicapping condition . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . __62__

This respondent indicated that 62 preschool children were screened for some type of handicapping condition during the 1983-1984 school year.

**Thank you for your help.**

# CHILD FIND SCREENING PROCESS
## Preschool Child Find Director Questionnaire

**Office Use**

Form Code: 170 1-3
School District Code: ______ 4-5
Position Code: ______ 6-7
Record Number: 1 8

### A. Screening Procedures

1. What is the estimated number of preschool children (ages __ to __) in your school district? Record your answer in the space to the right. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 9-11

2. During this school year (19__-19__), how may preschool children were screened (i.e., tested in some manner) by school district personnel to determine if they might have a handicapping condition? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 12-14

3. Of the preschool children who were screened, what percentage were: [If your answer is 100%, write 99 in the space next to your answer.]

   a. identified as not requiring special education services? . . . . . . . . . . . . . . . . . . . . . . ______% 15-16

   b. identified as needing special education services? . . . . . . . . . . . . . . . . . . . . . . . . . ______% 17-18

   c. provided special education services? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 19-20

4. What percentage of the preschool children indicated in Question 2 were screened in the following manner? Record your answers in the space to the right of each statement. [If your answer is 100%, write 99 in the space.]

   a. At an individual screening session with school district personnel . . . . . . . . . . . . . . . . ______% 21-22

   b. During screening clinics conducted by school district personnel . . . . . . . . . . . . . . . . . ______% 23-24

   c. Other (Specify: ______________________________________________
   ______________________________________________) ______% 25-26

**If your school district conducts screening clinics during which several preschoolers are tested, please continue to question 5.**

**If your school district does not conduct screening clinics during which several preschoolers are tested, please go to section B.**

5. How many times during the school year were screening clinics conducted? . . . . . . . . . . . ______ 27-28

6. How many of the screening clinics conducted this year were scheduled in the following way?

   a. Times for screening clinics were established prior to beginning of school year . . . . . . ______ 29-30

   b. Clinics were scheduled after a certain number of inquiries were made that required screening . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 31-32

   c. Times for clinics were established prior to the beginning of the school year; however, when more were needed due to unexpected requests, additional clinics were held . . . . . . ______ 33-34

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7. Where are screening clinics located? ______ 35

**Answer Choices:**

1=Clinics are held at a central location in the school district.
2=Clinics are dispersed throughout the school district.
3=Other (Specify: ______)

**If your answer was "1," go to question 9.**
**If your answer was "2" or "3," go to question 8.**

8. At how many different locations were screening clinics held? ______ 36-37

9. Is transportation provided or made available if needed for parent and child to attend screening clinics? ______ 38

**Answer Choices:**

1=Yes
2=No

10. What is the parent's role during the screening clinic?

**Answer Choices:**

1=Yes, this occurs.
2=No, this does not occur.

a. They provide background information on the child ______ 39
b. They are observed playing with the child ______ 40
c. They accompany the child throughout the testing session ______ 41
d. Other (Specify: ______ ) ______% 42

11. On the average, how many individuals actually work at the preschool child find screening clinics? ______ 43-44

12. What percentage of the personnel who participate in screening clinics are: [Use 99 to indicate 100%.]

a. Child Find staff? ______% 45-46
b. School district personnel from public programs serving handicapped preschoolers? ______% 47-48
c. School district personnel from supportive services (speech, vision, etc.)? ______% 49-50
d. School psychologists? ______% 51-52
e. Staff from public programs serving school-aged handicapped children? ______% 53-54
f. Staff from private programs serving handicapped preschoolers? ______% 55-56
g. Staff from private programs serving school-aged handicapped children? ______% 57-58
h. Community volunteers? ______% 59-60
i. Health Department personnel? ______% 61-62
j. Other (Specify: ______ ) ______% 63-64

13. What statement best describes the training provided to testers who work at the screening clinics? ............................................................ ______ 65

**Answer Choices:**

1=In-service training program is provided which all testers must attend.
2=Testers are given manuals to review prior to screening clinics.
3=Testers are given no additional training as to how to administer test; no training needed.
4=Testers are given no additional training as to how to administer test, but training would be helpful.
5=Other (Specify: ______________________________________________
______________________________________________)

**B. Screening Assessment Instruments**

1. Please complete the chart below by answering the following questions:

   a. In Column A, list the screening instruments used most frequently with preschool children in your school district. Space has been provided for a maximum of five tests.

   b. In Column B, indicate which tests are used during screening clinics by writing the number of one of the answer choices below next to each test listed.

**Answer Choices:**

1=Test is used during screening clinics
2=Test is not used during screening clinics

   c. Indicate in Column C how each instrument was selected for use. Write the number of one of the following answer choices in Column C across from each test.

**Answer Choices:**

1=Instrument has always been used in school district; I do not know specific history.
2=Child Find staff selected test.
3=Instrument recommended by other department/staff within school district.
4=Instrument recommended by consultant external to school district.
5=Other (Specify in table.)

Duplicate columns 1-7

2 8

|  | A. Test Name | B. Used at Clinic(s) | C. Selection Method |  |
|---|---|---|---|---|
| 1. |  |  |  | 9-10 |
| 2. |  |  |  | 11-12 |
| 3. |  |  |  | 13-14 |
| 4. |  |  |  | 15-16 |
| 5. |  |  |  | 17-18 |

2. For preschool screening, what percentage of the children tested were: [Use 99 to indicate 100%.]
   a. Given only one test? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . _____ % 19-20
   b. Given a battery of tests covering a variety of skill areas? . . . . . . . . . . . . . . . . . . . . . . . . _____ % 21-22
   c. Tested on specific skill areas using one or more tests? . . . . . . . . . . . . . . . . . . . . . . . . . . _____ % 23-24

3. Whether one test or a battery of tests is used, how is it determined which skill areas will be tested? Indicate the percentage of children this school year for whom this decision was made in each of the following ways: [Use 99 to indicate 100%.]
   a. Areas to be assessed were decided on the basis of initial intake information about the child . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . _____ % 25-26
   b. All children were tested in the same skill areas . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . _____ % 27-28
   c. Other (Specify: ______________________________________________
   ______________________________________________ _____ % 29-30

## C. Recommendations from Screening

1. Please list the various recommendations that can be made for children who have undergone the child find screening process in your school district? If more space is needed, please write the remaining recommendations on another paper and attach to completed questionnaire.
   a. ______________________________________________
   b. ______________________________________________
   c. ______________________________________________
   d. ______________________________________________
   e. ______________________________________________
   f. ______________________________________________
   g. ______________________________________________
   h. ______________________________________________
   i. ______________________________________________
   j. ______________________________________________

2. What factors (e.g., child's strengths/weaknesses, transportation, available program openings, etc.) are taken into consideration when recommendations for a preschool child are being formulated? Space is provided below for you to list a maximum of five factors. **Please list in order of importance.**

Office Use

a. ____________________ ______ 31-32

b. ____________________ ______ 33-34

c. ____________________ ______ 35-36

d. ____________________ ______ 37-38

e. ____________________ ______ 39-40

3. Are there written guidelines for making recommendations on the basis of screening results? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 41

**Answer Choices:**

**1=Yes**
**2=No**

**If your answer was "Yes," please attach a copy of the guidelines to this questionnaire.**

4. Under what condition is a follow-up conducted to determine whether parents followed the recommendations given to them after their child was screened. Indicate the percentage of parents who were later contacted in the following ways after their child was screened: [Use 99 to indicate 100%.]

a. No contact made to see if they followed recommendations . . . . . . . . . . . . . . . . . . . . . . ______% 42-43

b. Contacted only if the individual whom the parent was to contact informs the child find staff that the contact was not made . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 44-45

c. Contacted if forms parents were to complete were not received or were incomplete . ______% 46-47

d. Routinely contacted shortly after screening . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 48-49

5. In what ways does the child find staff assist parents in following through with recommendations resulting from the screening clinic? Indicate the percentage of parents (whose children were screened this year) who were helped in the following ways: [Use 99 to indicate 100%.]

a. No assistance was given to parents to ensure follow through on recommendations . . ______% 50-51

b. Staff made arrangements for the additional testing recommended . . . . . . . . . . . . . . . . ______% 52-53

c. Staff contacted placement office for parents and scheduled needed meeting(s) . . . . . ______% 54-55

d. Staff helped parents gather and complete necessary forms for "next steps." . . . . . . . . ______% 56-57

e. Staff arranged for parents to visit programs . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 58-59

f. Other (Specify: ____________________
____________________) ______% 60-61

6. Please estimate the percentage of parents who do not follow through on child find screening recommendations .......... ______% 62-63

Duplicate columns 1-7

_3_ 8

3 8

D. Child Data

1. What information is maintained on a child after screening?

**Answer Choices:**

1=This information is maintained.
2=This information is not maintained.

a. Intake information .......... ______ 9
b. Test data .......... ______ 10
c. Recommendations of testers .......... ______ 11
d. Other (Specify: ____________________)
____________________ ______ 12

2. How is this information used?

**Answer Choices:**

1=Yes, information is used in this manner.
2=No, information is not used in this manner.

a. Information is incorporated into student files for those children placed in a special education program or service .......... ______ 13
b. Information is maintained by child find office but it is accessible by teachers or other school staff when the child becomes school age .......... ______ 14
c. Information is incorporated into student files when child becomes school age .......... ______ 15
d. As a high risk registry to be checked as these children become school age .......... ______ 16
e. For evaluation of child find activities .......... ______ 17
f. Test data is maintained in one location but has not been used for any particular purpose .......... ______ 18
g. Other (Specify: ____________________)
____________________ ______ 19

3. How long is this information maintained? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 20

**Answer Choices:**

1=Less than 6 months
2=6 months to 1 year
3=Between 1 to 2 years
4=Information is maintained for an unlimited amount of time.

## E. Explaining Test Results To Parents

1. When are screening results explained to parents? Indicate the percentage of parents whose children were screened this year who were told about the screening results at each of the following times: [Percentages should total approximately 100%; use 99 to indicate 100%.]

a. Immediately after the screening . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 21-22
b. Within 1 week after screening . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 23-24
c. Within 2 weeks after screening . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 25-26
d. Within 3 weeks after screening . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 27-28
e. Within 4 weeks after screening . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 29-30
f. Greater than 4 weeks after screening . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 31-32

Total=100%

2. How are screening results explained to parents? Of the children screened this year, what percentage of their parents had screening results explained in each of the following ways: [Percentages need not add to 100%; use 99 to indicate 100%.]

a. By mail . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 33-34
b. By phone . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 35-36
c. Meeting with one representative of child find . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______% 37-38
d. Meeting with all or most of the staff who tested the child . . . . . . . . . . . . . . . . . . . . . . . ______% 39-40
c. Other (Specify: ______________________________________________)
______________________________________________________ ______% 41-42

Preschool Evaluation Project
Montgomery County Public Schools
Rockville, Maryland

## CHILD FIND SCREENING PROCESS
## DEMOGRAPHICS/SATISFACTION RATING
### Parent Questionnaire

It is the school district's responsibility to identify children in need of special education regardless of their race, socio-economic status, location within the county, etc. By answering this questionnaire you will help us to determine if there is a particular group within the county that has not participated in the screening process. We also are interested in your suggestions on how the screening process could be improved.

**Directions:** This questionnaire is divided into two parts. PART I asks you to indicate some personal characteristics of your family. You may complete Part I as soon as your child's testing begins.

PART II of the questionnaire asks for your comments on how satisfied you were with the screening process. This information will help determine in what areas the screening process might be improved. Read through the questions in Part II to become familiar with them when your child first leaves to be tested. Do not complete Part II, however, until your child has completed the screening.

Most questions have a set of answer choices provided and each answer choice has a number in front of it. To answer each question, write the number of the answer choice you selected in the space to the right of each item.

**Do not write your name anywhere on this questionnaire.**

**Example:**

1. Which parents/guardians live with the child being screened? . . . . . . . . 1

**Answer Choices:**

1=Male parent/guardian
2=Female parent/guardian
3=Both male and female parents/guardians

An answer of "1" to this question means that only the male parent/guardian is living with the child.

When you have completed the questionnaire, please seal it in the attached envelope and return it to someone at the registration desk.

**Thank you for your help.**

MCPS 125-9933C, revised 5/83

**CHILD FIND SCREENING PROCESS**
**DEMOGRAPHICS/SATISFACTION RATING**
**Parent Questionnaire**

**Office Use**
Form Code: 670 1-3
Date Code: ______ 4-5

## Part I: Family Information

To answer each question write one of the answer choice numbers in the space to the right.

1. Which parents/guardians live with the child being screened? .......................... ______ 6

**Answer Choices:**

1=Male parent/guardian
2=Female parents/guardians
3=Both male and female parents/guardians

2. Indicate parent(s)/guardian(s) employment: a. Male .......................... ______ 7

b. Female .......................... ______ 8

**Answer Choices:**

1=Employed
2=Unemployed
3=Not applicable

3. Enter zip code .......................... ______ 9-13

4. To what ethnic or racial group does the child belong? .......................... ______ 14

**Answer Choices:**

1=American Indian or Alaskan native
2=Asian/Pacific Islander
3=Black (Not of Hispanic origin)
4=White (Not of Hispanic origin)
5=Hispanic
6=Other (Specify: ____________________)

5. Is English the primary language used in the home? .......................... ______ 15

**Answer Choices:**

1=Yes
2=No

6. Indicate the family's annual income .......................... ______ 16

**Answer Choices:**

1=Less than \$10,000
2=\$10,000 to \$19,999
3=\$20,000 to \$29,999
4=\$30,000 to \$39,999
5=\$40,000 to \$49,999
6=\$50,000 to \$59,999
7=\$60,000 or greater

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7. Indicate the highest level of education obtained by parent(s)/guardian(s):

a. Male .................................... ____ 17

b. Female .................................... ____ 1

**Answer Choices:**

1=Less than high school
2=Some high school; did not graduate
3=High school graduate
4=1–3 years of college
5=College graduate
6=Master's degree
7=Doctoral or advanced professional degree
8=Not applicable

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## Part II—Satisfaction with Screening Clinic

1. Did any of the following events occur during your child's screening? Write the number of one of the answer choices given below in the spaces to the right of each question.

**Answer Choices:**

1=Yes
2=No

a. Were you told what would happen during your child's screening? .................... ______ 19
b. Were you given any written materials about child find activities? .................... ______ 20
c. Were you encouraged to ask questions or discuss your concerns? .................... ______ 21
d. Did the screening process appear rushed? .................... ______ 22
e. Did the screening process appear disorganized? .................... ______ 23
f. Did the staff work well with your child? .................... ______ 24
g. Were you told how your child did on the screening tests .................... ______ 25

2. All things considered, how satisfied were you with the manner in which the screening was conducted? Please write the number of one of the answer choices below in the space to the right .................... ______ 26

**Answer Choices:**

1=Very satisfied
2=Satisfied
3=Neither satisfied, nor dissatisfied
4=Dissatisfied; needs some improvement
5=Very dissatisfied; needs much improvement

3. In what ways do you think the preschool child find screening process could be improved?

______________________________

______________________________

______________________________

______________________________

4. Other comments?

______________________________

______________________________

______________________________

______________________________

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## CHILD FIND SCREENING PROCESS
## SUMMARY INTAKE INFORMATION
### Record Review

**Directions:**

The purpose of this record review is to record information obtained by the Child Find Unit from individuals who make inquiries regarding concerns they may have about a child and the possible services that may be available. Record this information from Child Find forms and notes taken while interviewing individuals during their initial contact with the Child Find Unit. This form could also be used by Child Find staff in lieu of their intake forms.

Several ability areas are listed on the attached form. What follows are brief definitions of these areas.

**Vision**—refers to child's ability to clearly see and process visual stimuli.

**Hearing**—child's ability to hear and process auditory stimuli.

**Cognitive**—refers to skills related to the child's knowledge, ability to think, solve problems, follow directions, etc.

**Expressive Language**—refers to child's ability to speak, e.g., verbally make his/her needs known.

**Receptive Language**—refers to the child's ability to understand what is said to him/her.

**Gross Motor**—refers to skills involving use of large muscles where strength and coordination are involved such as in walking, jumping, throwing, catching, hopping, etc.

**Fine Motor**—refers to use of delicate muscles where precision is required, i.e., handwriting, copying figures, buttoning, block building, cutting.

**Self-Help**—refers to child's ability to do things for him/herself; includes such things as dressing skills, toileting skills, eating skills, etc.

**Social/Emotional (Soc. Emo.)**—refers to child's ability to function in an environment with or without a previously known individual, child's self-concept, ability to adjust to changes, and to interact effectively with others.

Form Code: 9 7 0 1-3

Student ID: ______

Sex: 1=Male ......... ______ 7
2=Female

Date of Birth: ______ ______ ______ 8-13
YR MO DA

Date of Inquiry: ______ ______ ______ 14-19
YR MO DA

Age: ______________ ______ 23-24

1. Reason for inquiry: ________________________________________

________________________________________

2. Areas of suspected delay or problem:

**Answer Choices:**

1=Yes
2=Borderline
3=No

Vision ......... ______ 25
Hearing ......... ______ 26
Expressive language ......... ______ 27
Receptive language ......... ______ 28
Gross motor ......... ______ 29
Fine motor ......... ______ 30
Self-help skills ......... ______ 31
Social/emotional behavior ......... ______ 32
Physical health ......... ______ 33

3. Any previous evaluation other than routine doctor visits? ......... ______ 34

**Answer Choices:**

1=Yes
2=No
3=Unknown

If "yes," indicate what type: ________________________________________

4. Presently enrolled in a program? ........................................ ______ 35

**Answer Choices:**

1=Yes
2=No
3=Unknown

If answer is "yes," indicate where: ____________________________________________

5. Number of siblings (record actual number): ........................................ ______ 36-37

6. Birth order: ........................................ ______ 38-39

7. Any sibling with diagnosed learning problems: ........................................ ______ 40

**Answer Choices:**

1=Yes
2=No
3=Unknown
9=No Siblings

8. Referral/recommendations made to the inquirer?

____________________________________________

____________________________________________

____________________________________________

____________________________________________

Preschool Evaluation Project
Montgomery County Public Schools
Rockville, Maryland

# CHILD FIND SCREENING PROCESS
# SUMMARY OF SCREENING RESULTS
## Record Review

**Directions:**

The purpose of this form is to collect information on the screening test results for preschool children assessed by the school district. The attached form can be completed by reviewing test protocols and/or test result summary forms developed by the Child Find Unit. To complete the form use the codes listed in the attached Code Booklet.

Several ability areas are listed on the attached form. What follows are brief definitions of these areas.

**Vision**—refers to child's ability to clearly see and process visual stimuli.

**Hearing**—child's ability to hear and process auditory stimuli.

**Cognitive**—refers to skills related to the child's knowledge, ability to think, solve problems, follow directions, etc.

**Expressive Language (Ex. Lang.)**—refers to child's ability to speak, e.g., verbally make his/her needs known.

**Receptive Language (Rec. Lang.)**—refers to the child's ability to understand what is said to him/her.

**Gross Motor**—refers to skills involving use of large muscles where strength and coordination are involved such as in walking, jumping, throwing, catching, hopping, etc.

**Fine Motor**—refers to use of delicate muscles where precision is required, i.e., handwriting, copying figures, buttoning, block building, cutting.

**Self-Help**—refers to child's ability to do things for him/herself; includes such things as dressing skills, toileting skills, eating skills, etc.

**Social/Emotional (Soc. Emo.)**—refers to child's ability to function in an environment with or without a previously known individual, child's self-concept, ability to adjust to changes, and to interact effectively with others.

MCPS 125-9933b, revised 5/83

## CHILD FIND SCREENING PROCESS
## SUMMARY OF SCREENING RESULTS
### Record Review

Form Code: 971 1-3

Screening Data: _____ _____ _____
YR MO DA 9-14

Birthdate: _____ _____ _____
YR MO DA 15-20

| 1. | 2. | 3. Ability Areas | | | | | | | | | | | | | | | | | | | | | | 4. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ID | Age | Vision | | Hearing | | Cognitive | | Ex Lang | | Rec Lang | | Gross motor | | Fine motor | | Self-Help | | Soc Ems | | Physical | | Other (specify) | | Recommendations | | |
| | | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | a | b | | | |
| 6-8 | 21-22 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46-47 | 48-49 | 50-51 |
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## Screening Results Code Booklet

1. **Identification Number (ID)**

   Assign each child who was screened a three-digit identification number.

2. **Age**

   Calculate the child's age by subtracting his/her birthdate (YR MO DA) from the date of screening. Convert answer to months.

3. **Ability Areas**

   a. Was area tested?
      1=Tested
      2=Not tested

   b. Results
      1=Suspected problem
      2=Borderline problem
      3=No problem
      4=No determination possible

4. **Recommendations**

   01=Comprehensive Evaluation
   02=Educational/Diagnostic Testing
   03=Observation/Consultative Call
   04=Speech and Language Evaluation
   05=OT Evaluation
   06=PT Evaluation
   07=Rescreening
   08=Hearing Evaluation
   09=Vision Evaluation
   10=Admissions, Review and Dismissal Committee
   11=Head Start
   12=OK Letter to parents indicating child exhibits no delays or problems
   13=Parent Education Course/Program
   14=Regular Nursery School
   15=Kindergarten Round-Up
   16=Other (Specify on form)

**COMPONENT: Child Find**

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## Special Notes on the Instruments

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### SUBCOMPONENT: Administration

Child Find Administration, Special Education Director Questionnaire

Question 1. Card column numbers and a space to code responses have been provided in the right margin and are labeled for "Office Use." You will need to develop an identification number system for the various responses you obtain if you wish to enter this information into a computer. Chances are that the type of answers you will get will be rather unique to each respondent and you may find it easier to summarize the responses by hand the same as you would for an open-ended/free answer choice type question. Refer to Data Analysis and Summary in the Managing Data section.

Questions 6, 7, 8 and 9. If you are going to enter this information into a computer for analysis, be sure that you right justify the answers to this question. Refer to Data Processing in Managing Data.

Access to a computer is not needed to use this instrument.

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### SUBCOMPONENT: Community Awareness

Child Find Community Awareness, Preschool Child Find Director Questionnaire

Question 2. If you use a computer, the answers to this question need to be right justified (refer Data Processing, in Managing Data).

Question 12. Since the responses for the criterion the respondents indicate will most likely be very different, it will probably be best to summarize these responses the same as you would for an open-ended/free answer choice type question. Refer to Data Analysis and Summary in the Managing Data section.

You do not need access to a computer to use this instrument.

Child Find Community Awareness, Parent Questionnaire

Before you use this questionnaire you will need to decide whom would be the most appropriate respondents for you to administered it to. When we piloted the questionnaire we attended special visiting days that different schools set aside for parents whose children would be attending kindergarten for the first time and asked those parents to complete the questionnaire. We felt that these parents would give us some sense of how aware parents of preschoolers might be about the activities and services available should their preschooler have a learning problem.

Please note that respondents are specifically requested not to write their name on this questionnaire. Should you need this information for whatever reason, you will need to add a place for the respondents to report this.

You do not need a computer to use this instrument.

*****

SUBCOMPONENT: Screening Process

Child Find Screening Process, Preschool Child Find Director Questionnaire

This questionnaire has been set up to have the data entered on computer cards. A card has 80 columns on which information can be coded. Since this questionnaire requires more information than one card can hold, card column numbers have been assigned that allows the information to be coded onto three cards. You will notice in two places on this questionnaire that the keypuncher is instructed to duplicate columns 1 through 7, the number coded into column 8 is the card or record number, so that you can tell the computer where to find the information you want, i.e., if it is on card 1, 2 or 3.

Questions A 1-6, 8, 11 and 12; B 2 and 3; C 4-6; E 1 and 2. Responses to these questions need to be right justified. Refer to Data Processing in Managing Data.

Part B, Question 1. Card columns are designated for responses to Parts b and c of this question. Answers to Part b can be entered into columns 9, 11, 13, 15 and 17; answers to Part c can be entered into columns 10, 12, 14, 16 and 18. Responses to Part a need to be hand-tallied or summarized as you would any open-ended question (refer Data Analysis and Summary, in Managing Data section.

Part C, Question 2. Card column numbers and a space to code responses have been provided in the right margin and are labeled for "Office Use." You will need to develop an identification number for the various responses you obtain if you wish to enter this information into a computer. Chances are that the type of answers you will get will be rather unique to each respondent and you may find it easier to summarize the responses by hand the same as you would for an open-ended/free answer choice type question. Refer to Data Analysis and Summary in the Managing Data section.

You do not need to use a computer to use this instrument.

Child Find Screening Process, Demographics/Satisfaction Rating, Parent Questionnaire

Note that the direction sheet instructs the respondent to return the completed questionnaire to the registration desk. You may want to change this instruction if it is not applicable to your use.

You do not need access to a computer to use this instrument.

Child Find Screening Process, Summary Intake Information, Record Reveiw

This questionnaire can be used by child find staff as their intake form or it can be used to review and summarize the intake information the child find staff obtains during an intake or initial contact with their office using their own forms.

Question 2. If the form is to be used as an intake form, you can use the dotted lines in this question to write specific comments on each ability area.

Questions 5 and 6. If you are using a computer, the answers to these questions need to be right justified (refer to Data Processing in Managing Data).

Access to a computer is not necessary to use this instrument.

Child Find Screening Process, Summary of Screening Results, Record Review

You do not need access to a computer to use this instrument.

**COMPONENT:** Assessment Process

- Description of Subcomponents
- Chart of Data Collection Instruments
- Evaluation Study Questions
- When to Use the Data Collection Instruments
- Data Collection Instruments
- Special Notes on the Instruments

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## Description of Subcomponents

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The Preplacement Assessment subcomponent examines the testing of the child that occurs prior to a placement decision being made. This testing is generally done to determine if a child has a handicapping condition and, if one exists, what the extent of that condition may be.

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The Postplacement Assessment subcomponent focuses on the nature and type of testing given to a child once he/she has been placed in a special educational program.

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COMPONENT: Assessment Process

| Instruments | Subcomponents | |
|---|---|---|
| | Preplacement Assessment | Postplacement Assessment |
| Program Director Questionnaire | X | |
| Staff Questionnaire | X | X |
| Parent Questionnaire | X | |
| Agency/Organization Questionnaire | X | |
| Record Review | X | X |

**COMPONENT:** Assessment Process
**SUBCOMPONENT:** Preplacement Assessment

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## Evaluation Study Questions

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| Question | Instrument |
|---|---|
| 1. Do programs generally receive preplacement assessment information on their new enrollees? | Preplacement Assessment, Program Director/Coordinator and Staff Questionnaires |
| 2. When is preplacement assessment information typically received by programs? | Preplacement Assessment, Program Director/Coordinator and Staff Questionnaires |
| 3. From what type of agency/program/department do programs typically receive preplacement assessment information? | Preplacement Assessment, Program Director/Coordinator and Parent Questionnaires |
| 4. In what form do programs routinely receive preplacement assessment information? | Preplacement Assessment, Program Director/Coordinator Questionnaire |
| 5. Do program staff explain preplacement information to parents? | Preplacement Assessment, Program Director/Coordinator Questionnaire |
| 6. How useful are various types of preplacement assessment information to various program staff? | Preplacement Assessment, Staff Questionnaire |
| 7. What suggestions to program staff have that could make preplacement assessment information more useful? | Preplacement Assessment, Staff Questionnaire |
| 8. Which preplacement assessment agencies did parents like to deal with best/least? | Preplacement Assessment, Parent Questionnaire |
| 9. With respect to agencies that parents designated as best and least liked:<br>a. how were test results explained,<br>b. how were parents referred,<br>c. how satisfied were parents with the manner in which they were treated? | Preplacement Assessment, Parent Questionnaire |

continued

| Question | Instrument |
|---|---|
| 10. How much time passed between the various stages of the preplacement testing process? | Preplacement Assessment, Parent Questionnaire |
| 11. With respect to the preplacement assessment reports:<br>a. where are they located,<br>b. when were they done,<br>c. what agency did them,<br>d. how was the child referred to the agency,<br>e. what developmental areas were assessed,<br>f. what tests were used,<br>g. what was the child's primary diagnosis/disability, educational services needed, recommendations for placement in a program? | Preplacement Assessment, Record Review |

COMPONENT: Assessment Process
SUBCOMPONENT: Postplacement Assessment

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. How many new enrollees are assessed within one month of their enrollment by program staff? | Postplacement Assessment, Staff Questionnaire |
| 2. What type of tests are typically used by program staff? | Postplacement Assessment, Staff Questionnaire and Record Review |
| 3. What developmental areas are typically assessed by program staff? | Postplacement Assessment, Staff Questionnaire and Record Review |
| 4. Are postplacement test results explained to parents? If so, in what manner are they explained? | Postplacement Assessment, Staff Questionnaire |
| 5. Where are postplacement assessment reports filed? | Postplacement Assessment, Record Review |
| 6. Which tests are used by program staff for postplacement assessments? | Postplacement Assessment, Record Review |

## When to Use the Instruments

SUBCOMPONENT: Preplacement Assessment

| Instrument | When to Use |
|---|---|
| Preplacement Assessment, Director Questionnaire | Toward the end of the school year. |
| Preplacement Assessment, Staff Questionnaire | Toward the end of the school year. |
| Preplacement Assessment, Parent Questionnaire | At the child's entry to a program. |
| Preplacement Assessment, Agency/ Organization Questionnaire | Any time you feel appropriate. |
| Preplacement Assessment, Record Review | When the child first enters a program or at any time during the school year. |

*****

SUBCOMPONENT: Postplacement Assessment

| Instrument | When to Use |
|---|---|
| Postplacement Assessment, Staff Questionnaire | Toward the end of the school year. |
| Postplacement Assessment, Record Review | Mid-year or toward the end of the school year. |

COMPONENT: **Assessment Process**

## Data Collection Instruments

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## PREPLACEMENT ASSESSMENT
### Program Director/Coordinator Questionnaire

Name of Person Completing Form: ______________________________

This questionnaire focuses on assessment information that accompanies preschool handicapped children to an educational program. This type of assessment information will be referred to as preplacement assessment information. Preplacement assessment takes place before a county placement meeting; it is generally done to determine if a child has a handicapping condition and, if one exists, what the extent of that condition may be. Reports of a child's educational, developmental, or medical history obtained prior to the placement decision are to be considered part of preplacement assessment. Assessments which are performed as part of a diagnostic placement are *not* to be considered part of preplacement assessment.

**Directions:** Some questions will ask you to indicate the approximate number of children that fall into given categories. In some instances, you will be asked to select an answer from a list of several choices by writing the number which corresponds to your selection in a space next to each question.

**Example:**

By what point in time had you received preplacement assessment information on approximately 75% of your new enrollees. Write the number of your answer choice in the space to the right . . . . . . . . . . . . . . . . . . . . . . 3

**Answer Choices:**

**1=Before the placement decision**
**2=After the placement decision and before child's entry into program**
**3=Sometime between entry and two weeks after entry**
**4=Between two to four weeks after entry**
**5=More than one month after entry**
**6=Never**

The "3" written in the space to the right indicates that for at least (75%) of the new enrollees you have received preplacement assessment information by sometime between this entry and two weeks after their entry.

If there are some questions which you cannot answer, please discuss them with any member of your staff or give the questionnaire to that staff person to answer.

Use the reverse side of this page to clarify any of your answer choices.

Your responses will be coded to an identification number (ID). All responses will be kept strictly confidential. Only the evaluation staff will have access to the key which links names to IDs.

## PREPLACEMENT ASSESSMENT
### Program Director/Coordinator Questionnaire

**Office Use**

Form Code: 135 1-3
Program ID: ______ 4-5
6-8 blank
Position Code: ______ 9-10
Staff ID: ______ 11-12
13 blank

Program Name: ____________________________________________

Job Title of Person Completing Questionnaire: ______________________________

1. During this school year how many children have been placed in your program as their first special educational placement? Count only those children for whom placement in your program was their first special educational placement even if they are not currently enrolled. (Record your answer as follows: If your answer is 12, write 12 in the space; if your answer is 9, write 9 in the space.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 14-16

2. How many of the above children had preplacement assessment information:
   a. Completed by some agency external to your program? . . . . . . . . . . . . . . . . . . . . . . ______ 17-19
   b. Completed by your program? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 20-22

IF YOU ANSWERED "0" TO QUESTION 2.a., STOP HERE; YOU HAVE COMPLETED THIS QUESTIONNAIRE. THANK YOU FOR YOUR TIME.

ALL REMAINING QUESTIONS REFER ONLY TO THOSE CHILDREN FOR WHOM YOU HAVE RECEIVED PREPLACEMENT ASSESSMENT INFORMATION FROM ANOTHER SOURCE DURING THIS SCHOOL YEAR.

3. By what point in time had you received preplacement assessment information on approximately 75% of your new enrollees (refer to Question 2.a.)? Write the number of your answer choice in the space to the right . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 23

**Answer Choices:**

1=Before the placement decision*
2=After the placement decision and before child's entry into program*
3=Sometime between entry and two weeks after entry
4=Two to four weeks after entry
5=More than one month after entry
6=Never

4. For approximately how many new enrollees (refer to Question 2.a.) did you receive any information routinely, that is, without specifically requesting it? . . . . . . . . . . . . . . . . . . . . . . . ______ 24-26

5. Did you receive preplacement information on most (75% or more) of your children from any of the following sources? Write a "1" (YES) next to all the sources from which you had received preplacement information on at least 75% of your children. Write a "2" (NO) next to all sources from which you received information on less than 75% of your children.

Parent ........................................ ______ 27
Assessment Agency* ........................................ ______ 28
Placement Office ........................................ ______ 29
Private Physician/Pediatrician ........................................ ______ 30
Private Diagnostician* ........................................ ______ 31
Public School Program ........................................ ______ 32
Other (Specify: ________________________________) ______ 33

6. In what form did information for most (75% or more) of your new enrollees arrive at your program? ........................................ ______ 34

**Answer Choices:**

1=In separate units from each different assessment agency
2=In one unit where all assessment results have been gathered, but without a summary of the information
3=In one unit where all assessment results have been gathered with a summary of the information included also
4=No one form applied to at least 75% of my children.
(Please explain: ________________________________)

7. Which of the following usually occurred with the preplacement information for most (75% or more) of your new enrollees'? ........................................ ______ 35

**Answer Choices:**

1=Information was routinely circulated to the child's teacher and then filed.
2=Information was routinely circulated to the child's teacher and supporting staff and then filed.
3=Information was not routinely circulated.
4=Other (Specify: ________________________________)
5=No one procedure occurred for at least 75% of my children.
(Please explain: ________________________________)

8. When you received preplacement assessment information on your new enrollees this year from a source other than your program, for how many of these students did you or anyone on your staff explain the results to parents? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 36-38

IF THE ANSWER TO QUESTION 8 IS "0," STOP HERE; YOU HAVE COMPLETED THE QUESTIONNAIRE. THANK YOU FOR YOUR HELP.

9. For most (75% or more) of the students in Question 8 the preplacement assessment results were explained to parents by which of the following people? . . . . . . . . . . . . . . . . . . ______ 39

**Answer Choices:**

1=Program director
2=Child's teacher
3=Staff member assigned to parent contact work
4=Social worker
5=Support staff such as PT, OT, speech pathologist
6=Psychologist
7=Other
(Specify: ______________________________________________ )
8=No one person explained results to at least 75% of my children's parents.
(Please explain: ______________________________________________ )

10. For most (75% or more) of the students in Question 8 when did this explanation occur? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 40

**Answer Choices:**

1=Prior to the child's entry into your program
2=Within 30 days of entry
3=Within 60 days of entry
4=Later than 60 days after entry
5=None of these applied to at least 75% of my children
(Please explain: ______________________________________________ )

THIS IS THE END OF THE QUESTIONNAIRE. THANK YOU FOR YOUR TIME.

***Definitions:**

**Before placement decision**—The time period before a placement decision by a county Admission, Review, and Dismissal (ARD) Committee.

**After the placement decision and before child's entry to program**—A child's entry to a program occurs when the child begins attending the program on a regular basis with the understanding of continued attendance. If the child had previous contact with the program for the purpose of diagnosing a problem, program entry occurs when the provision of educational services begins.

**Assessment Agency**—Any organization where assessments are performed; the agency may or may not have a program associated with it.

**Private Diagnostician**—An individual not associated with publicly supported services whose role is to assess a child for the purpose of determining a child's level of functioning. The report of a private diagnostician can be used to determine if a child has a handicapping condition and the extent of the handicap.

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## PREPLACEMENT ASSESSMENT
### Staff Questionnaire

Name of Person Completing Form: ______________________________

This questionnaire focuses on the preplacement assessment process for preschool handicapped children. This process refers to the testing that is done before a county placement meeting. Preplacement assessment is done to determine if a child has a handicapping condition and, if one exists, what the extent of that condition may be. Reports of a child's educational, developmental, and medical history obtained prior to the placement decision are to be considered part of preplacement assessment. Assessments which are performed as part of a diagnostic placement *are not* to be considered part of preplacement assessment.

**Directions:** The format of the questions varies. Some questions will give you a set of possible answers and ask you to write in a space to the right of the question the number of children for whom each answer is appropriate. Other questions will ask you to rank order several items by placing numbers in each space next to the items. All questions refer only to preschool children in your classroom or in your service with this program.

**Example:**

Indicate the number of new enrollees for whom you have found preplacement assessment information to be very useful, useful, etc. Count children in only one category.

| | |
|---|---|
| Very useful; the information made a significant contribution to my programming for child | 2 |
| Useful; the information was helpful, but I needed more or I could only use a small part of it | 11 |
| Not useful; the information provided little that was helpful to me in my work with the child | 3 |

The numbers recorded in the boxes to the right of the answer choices indicate that preplacement information was "very useful" for 2 new enrollees, "useful" for 11 new enrollees and "not useful" for 3 new enrollees.

Please use the reverse side of this page to clarify any of your answers.

Your responses will be coded to an identification number (ID). All responses will be kept strictly confidential. Only the evaluation staff will have access to the key which links names to IDs.

## PREPLACEMENT ASSESSMENT
**Staff Questionnaire**

**Office Use**

| | |
|---|---|
| Form Code: 235 | 1-3 |
| Program Code: ______ | 4-5 |
| | 6-8 blank |
| Staff ID: ______ | 9-10 |
| Position Code: ______ | 11-12 |
| | 13 blank |

Program Name: ____________________________________________

Job Title of Person Completing Questionnaire: ______________________________

1. a. During this school year, how many children have been enrolled in your classroom or service as their first special education program? In the spaces to the right record your response in the following manner: if your answer is 10, write 10; if your answer is 8, write 8 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 14-15

   b. Of the children in Question 1.a., for how many have you received or had access to preplacement assessment information?* Record your answer similarly to Question 1.a . ______ 16-17

IF YOU DID NOT HAVE ACCESS TO PREPLACEMENT ASSESSMENT DATA FOR ANY OF YOUR CHILDREN, STOP HERE: YOU HAVE COMPLETED THIS QUESTIONNAIRE. THANK YOU.

ALL THE REMAINING QUESTIONS REFER ONLY TO THOSE CHILDREN FOR WHOM YOU HAVE HAD ACCESS TO PREPLACEMENT ASSESSMENTS (QUESTION 1.b.).

2. For how many of those children indicated in Question 1.b. did you review preplacement assessment data? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 18-19

3. Of the children in Question 2 indicate the number for whom you have found preplacement assessment information to be very useful, useful, etc. Responses should add to the number you gave in Question 2.

   Very useful; the information made a significant contribution to my programming for the child . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 20-21

   Useful; the information was helpful, but I needed more or I could only use a small part of it . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 22-23

   Not useful; the information provided little that was helpful to me in my work with the child . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 24-25

4. By which point in time had you received preplacement information on most (75% or more) of your new enrollees this year? Write the number of your answer choice in the space to the right . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 26

**Answer Choices:**

**1=Before the placement decision**
**2=After the placement decision and before child's entry into program**
**3=Sometime between entry and two weeks after entry**
**4=Between two to four weeks after entry**
**5=More then one month after entry**
**6=Never**

5. In what ways is preplacement assessment information most useful to you? Please rank order the instances below according to when it is most useful to have preplacement information. Put a "1" in the space next to the most useful time, a "2" in the next useful. DO NOT USE THE SAME NUMBER MORE THAN ONCE.

For developing an IEP .......... ______ 27
For determining the child's level of functioning upon his/her entry to the program .......... ______ 28
For determining appropriate initial strategies .......... ______ 29
For determining a child's progress such as at a review meeting .......... ______ 30
For understanding family needs .......... ______ 31

6. Which of following types of information did you receive on most (75% or more) of your new enrollees this year? Write a "1" next to the type of information that you received for 75% or more of your new enrollees; write a "2" next to the type of information that you received on less than 75% of your new enrollees.

Standardized tests* .......... ______ 32
Developmental checklists* .......... ______ 33
Developmental history .......... ______ 34
Diagnostician's write-ups of behavior* .......... ______ 35
Family background information .......... ______ 36
Parent's observation of child's ability and behavior .......... ______ 37
Physician's medical reports .......... ______ 38

7. What kind of preplacement assessment information do you find most useful? Please rank order the following kinds of preplacement assessment information according to how useful each is to you. Put a "1" in the space next to the kind of assessment you find most useful, a "2" for the next useful. DO NOT USE THE SAME NUMBER MORE THAN ONCE.

Standardized tests* .......... ______ 39
Developmental checklists .......... ______ 40
Developmental history .......... ______ 41
Diagnostician's write-ups of behavior* .......... ______ 42
Family background information .......... ______ 43
Parent's observation of child's ability and behavior .......... ______ 44
Physician's medical reports .......... ______ 45

8. Other than what is listed in Question 7, what type of preplacement assessment information would you like to have on a child upon entry into your classroom or service?

______________________________________________

______________________________________________

______________________________________________

______________________________________________

9. How can preplacement assessment information be made more useful to you?

________________________________________

________________________________________

________________________________________

________________________________________

**THIS CONCLUDES THIS QUESTIONNAIRE. THANK YOU.**

*Definitions

**Preplacement assessment information**-Results of testing done prior to a school district placement meeting.

**Before the placement decision**-The time period before a placement decision is made by a county Admission, Review, and Dismissal (ARD) Committee.

**After the placement decision and before child's entry into program**-A child's entry to a program occurs when the child begins attending the program on a regular basis with the understanding of continued attendance. If the child had previous contact with the program for the purpose of diagnosing a problem, program entry occurs when the provision of educational services begins.

**Standardized Tests**-Instruments for assessing child's level of functioning as measured against the performance of a larger population of children; test administration is very controlled (i.e., specific directions need to be followed) and is conducted by trained personnel.

**Developmental Checklists**-An observational tool for determining the presence of developmentally appropriate behaviors in children; may be written by staff members or may be a form developed by an outside source.

**Diagnostician's write-ups of behavior**-A descriptive summary of a child's performance during an assessment.

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## PREPLACEMENT ASSESSMENT
**Parent Questionnaire**

Parent's Name: ______________________________

Before the school district could place your child in an education program your child needed to be tested. These tests often involved measuring your child's educational, developmental, or physical ability. Where and how this testing was done is different for each child. This questionnaire will ask you questions about the tests your child was given before the school district representatives at the Admissions, Review, and Dismissal (ARD) Committee meeting* decided if your child needed special education.

**Directions:** To answer some of the questions you will be asked to select your response from a set of answer choices. Some questions will ask you to write a checkmark (✓) in the boxes. For those questions in which lines are written, you are to write out your answer.

**Example:**

**Answer Choices:**

**1=Department within the County School System**
**2=County Health Department**
**3=Hospital (Specify:** Johns Hopkins **)**
**4=Private Assessment Agency/Education Program**
**(Specify:** ______________________________ **)**
**5=Private Physician** ______________________________
**6=Other (Specify:** ______________________________ **)**
**7=Other (Specify:** ______________________________ **)**

What agencies tested (educationally or physically) your child before the Admissions Review and Dismissal meeting*? Write the number(s) of the agency(ies) that tested your child in the spaces below. Use as many spaces as you need.

| Agency I | Agency II | Agency III | Agency IV | Agency V |
|---|---|---|---|---|
| 2 | 3 | ___ | ___ | ___ |

The answers written in the example indicate that the child was tested before his or her placement meeting. The numbers of the answer choices show that the child was tested at the County Health Department (2) and Johns Hopkins Hospital (3).

**PREPLACEMENT ASSESSMENT**
**Parent Questionnaire**

**Office Use**

| | |
|---|---|
| Form Code: 635 | 1-3 |
| Program ID: ______ | 4-5 |
| Parent ID: ______ | 6-8 |
| | 9 blank |

Name of Your Child's Program: ________________________________________

1. Use the answer choices listed to answer Questions a, b, and c.

**Answer Choices:**

**1=Department within the County School System**
**2=County Health Department**
**3=Hospital (Specify: ________________________________)**
**4=Private Assessment Agency/Education Program**
**(Specify: ________________________________)**
**5=Private Physician ________________________________**
**6=Other (Specify: ________________________________)**
**7=Other (Specify: ________________________________)**

a. What agencies tested (educationally or physically) your child before the Admissions, Review and Dismissal (ARD) meeting* was held? Write the number(s) of the agency(ies) that tested your child in the spaces below. Use as many spaces as you need.

| Agency I | Agency II | Agency III | Agency IV | Agency V |
|---|---|---|---|---|
| ______ 10-11 | ______ 12-13 | ______ 14-15 | ______ 16-17 | ______ 18-19 |

b. Which agency did you like to deal with best? .................................... ______ 20-21

c. Which agency did you like to deal with least? .................................... ______ 22-23

QUESTIONS 2 THROUGH 6 ASK ABOUT THE AGENCIES YOU LISTED AS THE ONES YOU LIKE BEST AND LEAST. IF YOUR CHILD WAS ONLY SEEN BY ONE AGENCY, RECORD YOUR ANSWERS UNDER THE "BEST LIKED" AGENCY COLUMN.

2. How did you find out about how your child did on his or her tests? CHECK AS MANY AS APPLY.

| | Best Liked Agency | Least Liked Agency | |
|---|---|---|---|
| No one told me anything about my child's test results. | | | 24-25 |
| I met individually with each of the different testers. | | | 26-27 |
| I met with several different testers at one meeting. | | | 28-29 |
| I met with one tester at one meeting. | | | 30-31 |
| Someone talked to me over the phone. | | | 32-33 |
| I was given or sent a written report. | | | 34-35 |

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3. Using the answer choices below, indicate the total amount of time people from your best liked and least liked agency spent telling you about how your child did on his or her tests.

**Answer Choices:**

1=0 minutes
2=1-15 minutes
3=16-30 minutes
4=31-45 minutes
5=46-60 minutes
6=More than 60 minutes

Best liked agency . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 36

Least liked agency . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 37

______ 38

4. Use the answer choices given to indicate who referred you to each agency.

**Answer Choices**

1=Child Find screening team
2=Department of Social Services
3=Private physician/pediatrician
4=Health Department
5=Preschool or day-care teacher
6=Friends/neighbors
7=Other (Specify: ______________________________)

Best liked agency . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 39

Least liked agency . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 40

5. Using the answer choices given below, rate how well each agency did each of the things in the left column. Write the number that matches your answer in the columns under your best liked and least liked agency.

**Answer Choices:**

1=Very good
2=Good
3=Adequate
4=Needed some improvement
5=Needed much improvement
6=Agency did not do this

| | Best Liked Agency | Least Liked Agency | |
|---|---|---|---|
| Told me about the tests given to my child. | | | 41-42 |
| Told me how my child did on the tests. | | | 43-44 |
| Worked with my child. | | | 45-46 |
| Understood my feelings as a parent. | | | 47-48 |
| Made me feel comfortable. | | | 49-50 |
| Encouraged me to ask questions. | | | 51-52 |

______ 53

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6. Indicate how much time passed between the following events by writing the number of one answer choice on the line to the right of each statement.

**Answer Choices:**

1=1 to 2 weeks
2=2 to 3 weeks
3=3 to 4 weeks
4=4 to 6 weeks
5=6 to 8 weeks
6=8 to 10 weeks
7=More than 10 weeks

Your recognition that your child might need special help and your initial contact with the county .......... ______ 54

Your recognition that your child might need special help and the beginning of testing .. ______ 55

The beginning of testing and the end of testing .......... ______ 56

The end of testing and date of the ARD meeting .......... ______ 57

7. Once testing of your child began, did anyone help you collect all of the information that was needed so that the ARD meeting could be held? Write the number of your answer choice on the line to the right .......... ______ 58

**Answer Choices:**

1=Yes
2=No

IF YES:

For whom did this person work? ________________ ______ 59

What was this person's job title? ________________ ______ 60

THIS CONCLUDES THIS QUESTIONNAIRE. THANK YOU.

*The Admissions, Review and Dismissal meeting is conducted by representatives from different programs or groups serving preschool handicapped children within the school district. The purpose of this meeting is to recommend an appropriate placement in a special education program for a child.

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**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

# PREPLACEMENT ASSESSMENT
## Agency/Organization Questionnaire

Agency/Organization Name: ______________________

Job Title of Person Completing Form: ______________________

Part of the process of providing appropriate services for handicapped children is determining whether a child has a problem and how extensive the problem is. We are interested in learning more about how agencies and organizations provide preplacement assessment services to our county's preschoolers.

**Directions:** This questionnaire is to be completed by the person who is most knowledgeable about the assessment activities carried out by your organization with preschoolers who are suspected of having a handicapping condition. All questions refer only to assessments performed by your organization on children birth to five years, 11 months of age, prior to their placement in a preschool program or special education service.

If there are some questions which you cannot answer, please discuss them with any member of your staff who might be able to answer them.

**When completing the questionnaire, be certain that all spaces contain answer choice numbers.**

Some of the questions will ask you to indicate the percentage of children that fall into certain categories or the percentage of cases that are handled in a certain manner.

**Example:**

**Answer Choices:**

0=None (0%)
1=1-5%
2=6-25%
3=26-50%
4=51-75%
5=76-95%
6=96-100%

What percentage of children are referred for assessment to your agency by each of the following sources?

Child find screening team .......................................... 4

Public Department of Social Services ................................ 1

The answer choice of "4" in the first box means that 51 to 75% of the children that your agency assesses are referred to you by a child find screening team. The answer choice of "1" in the second box means that 1 to 5% of the children that your agency assesses are referred to you by the Public Department of Social Services.

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## PREPLACEMENT ASSESSMENT
### Agency/Organization Questionnaire

**Office Use**

| | |
|---|---|
| Form Code: 735 | 1-3 |
| Agency ID: ______ | 4-5 |
| Position Code ID: ______ | 6-7 |
| Record No.: 1 | 8 |

1. What is the composition of the assessment staff in your agency/organization? In the spaces next to each professional listed below, write the number of staff members who work full-time* or part-time* as diagnosticians of preschool children. Individuals who could be included in more than one category should be counted only once in the category that describes their primary area. Record your answers in the following manner: if your answer is 3 full-time audiologists, in the space under "full-time" and next to "audiologist," write "03;" if your answer is 12, write "12;" if your answer is 0 or none, write "00."

| | Number of | | | |
|---|---|---|---|---|
| | Full-Time | | Part-Time | |
| Audiologist | ______ | 9-10 | ______ | 45-46 |
| Educational Diagnostician | ______ | 11-12 | ______ | 47-48 |
| Medical | | | | |
| Medical Technologist | ______ | 13-14 | ______ | 49-50 |
| Neurologist | ______ | 15-16 | ______ | 51-52 |
| Nurse | ______ | 17-18 | ______ | 53-54 |
| Pediatrician/Neonatologist | ______ | 19-20 | ______ | 55-56 |
| Psychiatrist | ______ | 21-22 | ______ | 57-58 |
| Other Physician | ______ | 23-24 | ______ | 59-60 |
| X-Ray Technician | ______ | 25-26 | ______ | 61-62 |
| Other Medical Personnel | ______ | 27-28 | ______ | 63-64 |
| Occupational Therapist | ______ | 29-30 | ______ | 65-66 |
| Physical Therapist | ______ | 31-32 | ______ | 67-68 |
| Psychologist | ______ | 33-34 | ______ | 69-70 |
| Social Worker/Counselor | ______ | 35-36 | ______ | 71-72 |
| Speech Pathologist | ______ | 37-38 | ______ | 73-74 |
| Vision Specialist/Optometrist | ______ | 39-40 | ______ | 75-76 |
| Other (Specify: ______________________________) | ______ | 41-42 | ______ | 77-78 |
| Other (Specify: ______________________________) | ______ | 43-44 | ______ | 79-80 |

Office Use 7 0 1 ____________ 2 1-8

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2. Approximately how many children between the ages of birth and five years, 11 months, did your agency/organization assess in the past year (____________________)? If your agency/organization provides a program for handicapped preschoolers, do not include children who attend this program for reasons other than preplacement assessment.* .... ______ 9-11

**The remaining questions pertain only to those children indicated in question 2.**

**Use the following answer choices to answer questions 3 and 4A.**

**Answer Choices:**

| | |
|---|---|
| 0=None (0%) | 4=51-75% |
| 1=1-5% | 5=76-95% |
| 2=6-25% | 6=96-100% |
| 3=26-50% | |

3. Indicate approximately what percentage of the children assessed by your agency were referred by each source listed below. Count children in only one category.

Child Find screening team .................................................. ______ 12
Public Department of Social Services .................................................. ______ 13
Physician/Pediatrician .................................................. ______ 14
Health Department .................................................. ______ 15
Preschool or day-care teacher .................................................. ______ 16
Friends/neighbors of child's parents .................................................. ______ 17
Parent (self-referral) .................................................. ______ 18
Other (Specify: ____________________________________________) ______ 19

4. a. **Indicate the percentage of preschool children assessed by your agency in each of the areas below. An assessment may include more than one area.**

Chromosomal analysis .......... ______ 20
Developmental History .......... ______ 21
Electroencephalogram (EEG) .......... ______ 22
Electrocardiogram (EKG) .......... ______ 23
Fine Motor* .......... ______ 24
Gross Motor* .......... ______ 25
Hearing exam .......... ______ 26
Intellectual/problem solving* .......... ______ 27
Neurological exam .......... ______ 28
Orthopedic exam .......... ______ 29
Pre-academic or readiness skills* .......... ______ 30
Routine physical exam .......... ______ 31
Self-help skills* .......... ______ 32
Social/emotional/behavioral functioning* .......... ______ 33
Speech and language/oral motor* .......... ______ 34
Vision exam .......... ______ 35
Other (Specify: ______________________________) ______ 36
Other (Specify: ______________________________) ______ 37

b. If you contract with professionals outside your agency/organization to have any of the above assessments conducted, please list the types of assessments they conduct for you.

______________________________

______________________________

**If your agency performs assessments in only one of the areas in question 4, skip to question 7.**

5. For 75% or more of the children your agency assesses, how is it decided in which areas a child should be tested? Answer by writing the number of one answer choice below in the space to the right .......... ______ 38

**Answer Choices:**

1=Areas to be assessed are indicated as part of the referral.
2=Areas to be assessed are decided by one individual based on initial intake information about the child.
3=Areas to be assessed are decided by two or more individuals based on initial intake information.
4=Child is screened/assessed by one diagnostician who then refers the child for additional assessments as needed.
5=Decision not made on a case by case basis; all or most children receive the same set of assessments.
7=Other (Describe: ______________________________)

6. Indicate which of the following procedures is used by your agency/organization to integrate test results for 75% or more of your cases. Answer by writing the number of one answer choice below in the space to the right . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 3

**Answer Choices:**

1=Assessment reports from different areas are not integrated.
2=One individual writes a summary report based on individual reports.
3=A meeting is held to discuss each case and to develop a summary report.
4=Individual diagnosticians develop their own summaries and these are compiled in a summary report.
5=Other (Specify: ________________________________________)

7. List at least three instruments that your agency uses very frequently with preschool children. Place a check ( ) in the appropriate column to the right to indicate what areas are assessed by your agency with that instrument. Check as many columns as applicable.

**Answer Key:**

A=Audiology/Hearing
B=Fine Motor
C=Gross Motor
D=Intellectual/Problem Solving
E=Pre-academic or Readiness Skills
F=Self-help Skills
G=Social/Emotional/Behavioral Functioning
H=Speech and Language/Oral Motor

| | | Areas: See Answer Key above. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Instrument | A | B | C | D | E | F | G | H | |
| 1. | ______________ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | 40-47 |
| 2. | ______________ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | 48-55 |
| 3. | ______________ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | 56-63 |
| 4. | ______________ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | 64-71 |
| 5. | ______________ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | 72-79 |

Office Use 7 0 1 __________ 3 1-8

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8. Indicate how testing instruments are selected for use by your agency staff by writing a "1" in the space next to the statement that describes how instruments are most frequently selected; write a "2" in the space next to the statement that describes the next most frequent way that instruments are selected, etc. Write a "0" in the space next to any statement that does not apply. **Each number with the exception of 0 should be used only once.**

Individual diagnosticians select their own instruments ........................ ______ 9

Agency policies and procedures determine instruments used ........................ ______ 10

Diagnosticians from the same field (e.g., speech therapists) decide as a group what instruments to use ........................ ______ 11

Individual diagnosticians select some instruments; agency determines others ........ ______ 12

Other (Specify: ________________________________________ ) ______ 13

9. Of all the preschool children assessed by your agency, (as specified in Question 2), what percentage was found to have a handicapping condition? ........................ ______ 14-15

10. In general, how specific are the recommendations that your agency makes for children with handicapping conditions? Indicate the percentage of cases for which your agency/ organization makes each type of recommendation listed below.

No recommendations are given ........................ ______ 16-17

Specific tasks* are recommended (e.g., John should be given toys with dials and knobs that he can turn to develop his fine motor skills.) ........................ ______ 18-19

Specific services* are recommended (e.g., speech therapy) ........................ ______ 20-21

General program* recommendations are made (e.g., Child would profit from placement in program for handicapped preschoolers.) ........................ ______ 22-23

Program recommendation with program characteristics are specified. (e.g., Child needs a program with a small student teacher ratio and a heavy emphasis on language.) .... ______ 24-25

Amount of service needed is recommended. (e.g., 2 hours per week) ................ ______ 26-27

Specific person or program is recommended. (e.g., Joan Smith or Tiny Tots School) .. ______ 28-29

11. For what percentage of your cases (as specified in Question 2) are the results of the assessment communicated to the child's parents or legal guardian? ........................ ______ 30-31

**If your agency/organization communicates results to five percent or less of the parents, go to question 14.**

**Questions 12 and 13 apply to those cases where assessment results are shared with parents.**

**Use the following answer choices to answer questions 12 and 13.**

**Answer Choices:**

0=None (0%)
1=1-5%
2=6-25%
3=26-50%
4=51-75%
5=76-95%
6=96-100%

12. How are assessment results shared with or communicated to parents? Indicate the percentage of cases to which each situation applies. More than one statement may apply to an individual case.

Each diagnostician explains the results of his or her assessments to the parents individually . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 32
Assembled as a group, the diagnosticians involved in a case explain the results to the parents . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 33
One diagnostician explains the results of all assessments . . . . . . . . . . . . . . . . . . . . . . . . ______ 34
Written summary(ies) of results is(are) explained to parents . . . . . . . . . . . . . . . . . . . . . . ______ 35
Written summary(ies) of results is(are) sent or given to parents . . . . . . . . . . . . . . . . . . . ______ 36
Other (Describe: ______________________________________________) ______ 37

13. How much total staff time per case is spent verbally explaining test results to parents? For each time period listed below, indicate the percentage of cases in which that much time was spent explaining test results to parents.

Less the 15 minutes . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 38
15 minutes to 29 minutes . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 39
30 minutes to an hour . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 40
One hour to two hours . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 41
Two to four hours . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 42
More than four hours . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 43

14. In general, how much time elapses between each of the following events? Use the answer choices below to indicate the approximate period of time between the two points.

**Answer Choices:**

1=Less than 7 days
2=7-14 days
3=15-28 days
4=29-45 days
5=More than 45 days
6=Don't know
7=Does not apply

Initial contact to first day of testing . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 44
First day of testing to last day of testing . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 45
Last day of testing to completion of written report . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 46
Last day of testing to communication of results to parents . . . . . . . . . . . . . . . . . . . . ______ 47

15. What factors cause time lags in the assessment process for your agency/organization? Use the answer choices below to indicate how frequently each factor contributes to delays in your agency's assessment process.

**Answer Choices:**

**1=Very frequently**
**2=Often**
**3=Sometimes**
**4=Rarely**
**5=Never**

Not enough professional staff .................................................... ______ 48
Not enough clerical/typing staff .................................................... ______ 49
Increased referrals after screenings (i.e., Child Find or school entry) .................. ______ 50
Internal scheduling problems .................................................... ______ 51
Difficulty scheduling appointments with parents .................................... ______ 52
Parents not keeping appointments .................................................... ______ 53
Sickness of child .................................................... ______ 54
Other (Describe: ____________________________________________ ) ______ 55
Other (Describe: ____________________________________________ ) ______ 56

**This concludes the questionnaire. Thank you.**

**Definitions**

***Preplacement Assessment**—Testing or other diagnostic services with children suspected of having a handicapping condition prior to any placement in a preschool program or in special education services.

**Full-Time Employee**—Individual who provides diagnostic services solely to preschool handicapped children and their families for 30 or more hours a week.

**Part-Time Employee**—Individual who provides diagnostic services to preschool handicapped children and their families less than 30 hours a week. A person would be considered part-time if they spent 20 hours a week serving preschoolers and 20 hours a week serving school-aged children.

**Fine Motor**—Use of delicate muscle systems where precision is required, i.e., handwriting, copying figures, buttoning, block building, cutting. May also involve visual integration.

**Gross Motor**—Skills involving use of large muscles where strength and coordination are involved in throwing, catching, jumping, hopping, standing still, and balancing.

**Intellectual problem solving**—Skills related to a child's knowledge, ability to think, solve problems, follow directions, etc.

**Pre-Academic/Readiness Skills**—These skills include letter recognition, knowledge of letter-sound correspondence, ability to count, color recognition, etc. General readiness for school experience exhibited in child's attitudes and work habits are also included.

**Self-Help Skills**—Child's ability to function effectively in his environment. Would include such things as: ability to make his wants known, dressing skills, toileting skills, eating skills.

**Social/Emotional/Behavioral Functioning**—Child's ability to function in an environment with or without previously known other individuals, child's degree of comfort about himself (self-concept), style of interaction with others. May include fears and fantasies, ability to adjust to changes.

**Speech and Language/Oral Motor Functioning**—Use of articulation, expressive/receptive language, use of nouns and verbs, ability to answer questions, follow single directions; ability of the oral motor structures to function properly in word formation.

**Tasks**—Specific work performed by a child at the request of a teacher.

**Services**—A form of help given to a child in a specific area of handicap. For example, speech therapy might be provided to a child during part of a day's schedule.

**Program**—An ongoing and regularly scheduled educational group or organization. A child enrolled in a program would become a member of a classroom-type group or may be served in a home-based capacity, and would participate in the program over an extended period of time (e.g., one year).

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

**PREPLACEMENT ASSESSMENT**
**Record Review Form**

Completed by: ______________________ Date Completed: ______________

Child's Name: ______________________________________________

Program Name: ______________________________________________

The purpose of this record review is to collect information from the child's confidential/cumulative folder(s) on the types of assessments that were completed on the child prior to a placement decision being made.

**Directions:** Determine the date of the child's initial placement meeting. Then examine the student's folder for assessment reports completed prior to this placement meeting. An assessment report is a written summary of the child's performance on one or more tests; it may examine more than one skill area and may be based on the results of tests administered by more than one person within the same agency or program. Determine the number of assessment reports completed prior to the child's initial placement meeting and note this in the box in the upper right corner—on the record review form. Complete the record review form for the three assessment reports written closest and prior to the date of the child's first placement meeting. If you are unable to locate three preplacement assessment reports in the program files, only record the data for the report(s) you find.

To complete the record review, use the codes recorded in the Code Booklet. This booklet is organized to correspond to the items on the record review form.

MCPS 070-9933C, revised 3/83

## PREPLACEMENT ASSESSMENT
### Record Review Form

**Office Use**

Form Code: 835 1-3
Program Code: ______ 4-5
Child ID: ______ 6-8
Total No. of Reports: ______ 9-10
No. of Report: ______ 11-12

Program Name: ______________________________

1. File Location: ______________________________

2. Date report was completed: . . . . . . . . . . . . . . . . . . ______ ______ ______ 13-18

3. What agency prepared this preplacement assessment report? . . . . . . . . . . ______ 19-20

4. Who referred the child to this agency? . . . . . . . . . . . . . . . . . . ______ 21-22

5. What developmental areas
were assessed? . . . . . . . . . . ______ 23 ______ 24 ______ 25 ______ 26 ______ 27

6. What tests were used? . . . . . . . . . . . . . . . ______ 28-31 ______ 32-35 ______ 36-39

______ 40-43 ______ 44-47 ______ 48-51

7. Did the summary of the assessment report contain the following?

a. A statement of the child's primary diagnosis/disability
(Specify: ______________________________ ) ______ 52-53

b. Educational services needed . . . . . . . . . . . . . ______ 54-55 ______ 56-57 ______ 58-59

c. Recommendations for placement in a specific program
[1=YES; 2=NO] . . . . . . . . . . . . . . . . . . . . . . ______ 60

If "Yes" specify name of program: ______________________________

1. **File location:**

Indicate which office within the program has the child's confidential folder on file.

2. **Date report completed.**

Record year, month, and day. Code 99 99 99 if date not given.

3. **Agency Codes:**

01=Department within the County School System
02=Health Department
03=Hospital (Specify on review form.)
04=Private Physician
05=Private Assessment Agency (Specify on review form.)
06=Other Private Assessment Agency (Specify on review form.)
07=Other Hospital (Specify on review form.)
08=Other (Specify on review form.)
99=Information not available.

4. **Referral codes:**

01=Child Find screening team
02=Child's parent
03=Family friend
04=Health Department
05=Physician
06=Preschool or day care teacher
07=Another assessment agency
08=Other (Specify on review form.)
99=Information not available.

5. **Areas Assessed:**

A single assessment report may focus on several developmental areas. Space is provided to record up to five areas for each report.
1=Fine motor
2=Gross motor
3=Intellectual/problem solving
4=Self-help skills
5=Social/emotional/behavioral functioning
6=Speech and language/oral motor functioning
7=Other (Specify on review form.)
9=Information not available.

6. **Test Codes:**

0175=Assessment of Children's Language Comprehension
0202=Bayley Scales of Infant Development
0209=Birth—3 Developmental Scale (Bangs-Dodson)
0215=Boehm Test of Basic Concepts
0270=Brigance Diagnostic Inventory of Essential Skills
0273=Brigance Inventory of Early Development
0299=Bzoch-League Receptive-Expressive Emergent Language Scale (Infant)

6. **Test Codes (continued):**

0302=California Preschool Scale
0304=Callier-Azusa Scales
0306=Carolina Developmental Profile
0308=Carrow Elicited Language Inventory
0310=Comprehensive ID Process
0360=Coping Inventory
0416=Denver Developmental Screening Test
0418=Developmental Indicators for Assessing Learning (DIAL)
0420=Developmental Profile (Alpern Boll)
0422=Developmental Test of Visual-Motor Integration (VMI)
0502=Early Intervention Developmental Profile
0550=EMI Assessment Scale
0633=Fisher-Logemann Test of Articulation Competence
0645=Fluharty Preschool Speech and Language Screening Test
0670=Frostig Developmental Test of Visual Perception
0673=Functional Profile
0716=Gesell Behavior Tests
0758=Goldman-Fristoe Test of Articulation
0759=Goldman-Fristoe Woodcock Test of Auditory Discrimination
0858=Home Inventory
0933=Illinois Test of Psycholinguistic Abilities
1116=Kent Infant Development Scale
1133=KIDS Inventory of Development Scale
1216=Learning Accomplishment Profile-Diagnostic Assessment
1218=Leiter International Performance Scale
1220=Lexington Developmental Scale
1308=McCarthy Scales of Children's Abilities
1316=Memphis Comprehensive Development Scale
1333=Michigan Developmental Programming for Infants
1616=Peabody Picture Vocabulary Test
1658=Portage Guide to Early Education Checklist
1670=Preschool Attainment Record
1672=Preschool Language Scale
1674=Preschool Screening System
1802=Rapid Developmental Screening Checklist
1816=Receptive-Expressive Emergent Language Scale (REEL)
1975=Sequenced Inventory of Communication Development
2016=Test for Auditory Comprehension of Language (CARROW)
2154=Uniform Performance Assessment System
2170=Uzgiris-Hunt Scales of Psychological Development (Infant)
2216=Weschsler Preschool and Primary Scale of Intelligence
2233=Vineland Social Maturity Scale
2273=Vulpe Performance Analysis/Development Assessment
2316=Weschsler Preschool and Primary Scale of Intelligence
5555=Neurological exam
6666=Orthopedic exam
7777=General physical exam
8888=Other (Specify on review form.)
9999=No preplacement assessment information was found.

### 7a. Primary Diagnosis/Disability Codes

01=Mentally Retarded
02=Hard of Hearing
03=Deaf
04=Speech & Language Impairment
05=Visually Impaired
06=Emotionally Impaired
07=Orthopedically Impaired
08=Other Health Impairments
09=Specific Learning Disability
10=Multiple Handicapped
11=Child in Need Of Assessment
12=Deaf/Blind
77=Other (Specify on form.)
88=Child determined not handicapped
99=Diagnosis/Disability not specified.

### 7b. Educational Services

01=Audiological Evaluation
02=Audiological Services
03=Medical/Psychiatric Services
04=Occupational Therapy
05=Occupational Therapy Evaluation
06=Parent Counseling/Training
07=Physical Therapy
08=Physical Therapy Evaluation
09=Psychological/Educational Assessment
10=Regular Nursery School
11=Special Education Program
12=Speech & Language Evaluation
13=Speech Therapy
14=Transportation
66=More than two services needed (Specify on form.)
77=Other (Specify on form.)
88=None listed because child not identified as handicapped.
98=Educational services not specified although child is identified as handicapped.
99=Educational services not specified & diagnosis/disability not specified.

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## POSTPLACEMENT ASSESSMENT
### Staff Questionnaire

Name of Person Completing Form: ____________________

Postplacement assessment is any formal or informal testing done subsequent to the child's admission to a program. The following questions are about postplacement assessment for preschool handicapped children.

**Directions:** Most of the following questions ask you to indicate the number of children that fall into a given category. In some instances, you will be asked to select an answer from a list of several choices by writing a number in or checking a space next to each question or answer choice.

**Example:**

Which of the following testing methods did you use with most (75% or more) of the children you assessed within approximately one month after they were placed in your program? CHECK ALL THAT ARE APPLICABLE.

Standardized tests . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______
Developmental checklists . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______
Informal observations . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______
Home visit/parent interview . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______
There is no one method used with 75% or more of the children.
(Please explain: ________________________________________
________________________________________) ______

Check marks in the spaces next to standardized tests and informal observations mean that this respondent used these testing methods with at least 75% of the children he/she assessed within one month after placement in his/her classroom or service.

Please use the reverse side of this page to clarify any of your answers.

Your responses will be coded to an identification number (ID). All responses will be kept strictly confidential. Only the evaluation staff will have access to the key which links names to IDs.

MCPS 066-9933B, revised 3/83

## POSTPLACEMENT ASSESSMENT
### Staff Questionnaire

**Office Use**

Form Code: 240 1-3
Program Code: ______ 4-5
6-8 blank
Position Code: ______ 9-10
11 blank

Program Name: ______________________________

Job Title of Person Completing Questionnaire: ______________________________

1. During this school year, how many children* have entered your classroom or service as their first special education program**? If your answer is "9," write 9 in the space; if your answer is "20," write 20 in the space . . . . . . . . . . ______ 12-13

2. Of the children indicated in Question 1, how many did you assess within approximately one month after they were placed in your program? . . . . . . . . . . ______ 14-15

IF YOUR ANSWER TO QUESTION 2 IS "0," STOP HERE; YOU HAVE COMPLETED THIS QUESTIONNAIRE. THANK YOU.

ALL REMAINING QUESTIONS REFER ONLY TO THOSE CHILDREN INDICATED IN QUESTION 2.

3. Which of the following testing methods did you use with most (75% or more) of the children indicated in Question 2? CHECK ALL APPLICABLE.

Standardized tests** . . . . . . . . . . ______ 16
Developmental checklists** . . . . . . . . . . ______ 17
Informal observations** . . . . . . . . . . ______ 18
Home visit/parent interview . . . . . . . . . . ______ 19
Other (Specify: ______________________________ ) ______ 20

4. When testing new enrollees, which of the following areas did you assess most frequently? CHECK ALL APPLICABLE.

Fine motor** . . . . . . . . . . ______ 21
Gross motor** . . . . . . . . . . ______ 22
Hearing . . . . . . . . . . ______ 23
Intellectual/problem solving** . . . . . . . . . . ______ 24
Neurological . . . . . . . . . . ______ 25
Orthopedic . . . . . . . . . . ______ 26
Pre-academic or readiness skills** . . . . . . . . . . ______ 27
Self-help skills** . . . . . . . . . . ______ 28
Social/emotional/behavioral functioning** . . . . . . . . . . ______ 29
Speech and language/oral motor functioning** . . . . . . . . . . ______ 30
Vision . . . . . . . . . . ______ 31
Other (Specify: ______________________________ ) ______ 32

5. What was your most frequent reason for testing new enrollees? . . . . . . . . . . . . . . . . . . . . . . . . ______ 34

**Answer Choices:**

1=Because it was program policy.
2=To provide more relevent data for program planning than preplacement assessment** provided.
3=To verify preplacement assessment information.
4=Because preplacement assessment information was out of date.
5=To become familiar with the child's current ability levels.
6=Because there was insufficient assessment information available in my area of expertise.
7=Other (Specify: ______________________________)

6. For how many of the new enrollees that you tested did you explain the test results to parents? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 35-36

IF YOUR ANSWER IS "0," STOP HERE. YOU HAVE COMPLETED THIS QUESTIONNAIRE. THANK YOU.

7. In what manner did you communicate these results to parents for most (75% or more) of the children for whom you explained tests results? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 37

**Answer Choices:**

1=A personal conference with parent
2=A written summary of assessment results
3=Other (Specify: ______________________________)

THIS COMPLETES THIS QUESTIONNAIRE. THANK YOU.

***Attention Special services personnel** (speech pathologist, physical therapist, etc.): include in this count children who were formally enrolled in a program/service, who may or may not be on your case load, but who you were asked to observe and/or test in some capacity.

****Definitions**

**Program**—An ongoing and regularly scheduled educational group or organization. A child enrolled in a program would become a member of a classroom-type group or receive home-based instruction over an extended period of time.

**Standardized Tests**—Instruments for assessing a child's level of functioning as measured against the performance of a large population of children; test administration is controlled for uniformity and is conducted by trained personnel.

**Developmental Checklists**—An observational tool for determining the presence of developmentally appropriate behaviors in children; may be written by staff members or may be a form developed by an outside source.

**Informal Observations**—Anecdotal notes which describe a child's behavior during an observation period.

**Fine Motor**—Use of delicate muscle systems where precision is required, i.e. handwriting, copying figures, buttoning, block building, cutting. May also involve visual integration.

**Gross Motor**—Skills involving use of large muscles where strength and coordination are involved in throwing, catching, jumping, hopping, standing still, and balancing.

**Intellectual/Problem Solving**—Skills related to a child's knowledge, ability to think, solve problems, following directions, etc.

**Pre-Academic/Readiness Skills**—These skills include letter recognition, knowledge of letter-sound correspondence, ability to count, color recognition, etc. General readiness for school experience exhibited in child's attitudes and work habits are also included.

**Self-Help Skills**—Child's ability to function effectively in his environment. Includes such things as: ability to make his wants known, dressing skills, toileting skills, eating skills.

**Social/Emotional/Behavioral Functioning**—Child's ability to function in an environment with or without previously known individuals, child's self-concept, style of interaction with others. May include fears and fantasies, ability to adjust to changes.

**Speech and Language/Oral Motor Functioning**—Use of articulation, expressive/receptive language, use of nouns and verbs, ability to answer questions, follow single directions and the ability of the oral motor structures to function properly in word formation and eating.

**Preplacement Assessment**—Testing that is done prior to a school district placement meeting.

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## POSTPLACEMENT ASSESSMENT
## Record Review Form

Completed by: ______________________ Date Completed: ______________

Child's Name: ______________________________________________

Program Name: ______________________________________________

The purpose of this record review is to collect information from the child's confidential/cumulative folder(s) on the types of assessments that were completed on the child during the first month that the child was enrolled in the program. This information is to be recorded from assessment reports or summary comments made by program personnel that have been filed in the child's confidential/cumulative folder(s).

**Directions:** This record review will summarize records of assessments done during the first month of the child's placement in his/her present program. First check the date of the child's enrollment in the present program to determine which assessment reports to include in this review. An assessment report is a written summary of the child's performance (1) in one skill area using more than one test by the same administrator or (2) in several skill areas using one or more tests administered by the same person. Determine the number of assessment reports completed one month subsequent to the child's placement and note this in the box in the upper right corner on the record review form. Complete the record review form for all assessments reports or summaries completed within one month after the child's placement. Use the codes recorded in the Code Booklet to complete the record review form. This booklet is organized to correspond to the items on the record review form.

MCPS 070-9933E, Revised 3/83

## POSTPLACEMENT ASSESSMENT
### Record Review

**Office Use**

Form Code: 940 1-3
Program ID: ______ 4-5
Child ID: ______ 6-8
Total No. of Reports: ______ 9-10
No. of Reports: ______ 11-12

1. File Location: ________________________________________________

2. Date report was completed .......................................... ______ ______ ______ 13-18
MO DA YR

3. What developmental areas were assessed? ........................ ______ 19 ______ 20 ______ 21 ______ 22 ______ 23

4. What forms of assessment were used? ........................ ______ 24 ______ 25 ______ 26 ______ 27 ______ 28

5. What tests were used? .............................. ______ 29-32 ______ 33-36 ______ 37-40
______ 41-44 ______ 45-48 ______ 49-52

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**Montgomery County Public Schools**
**Rockville, Maryland**

## POSTPLACEMENT ASSESSMENT
### Record Review Code Booklet

1. File Location:

Indicate which office within the program has the child's confidential folder on file

2. **Date report completed:**

Code 99 99 99 if date is not available.

3. **Developmental Areas Assessed:**

1=Fine motor
2=Gross motor
3=Intellectual/Problem-Solving
4=Self-help skills
5=Social/emotional/behavioral functioning
6=Speech and language/oral motor functioning
7=Other (Specify on review form)
9=Information not available

4. **Form of Assessment:**

1=Standardized tests were used
2=Informal developmental checklist
3=Anecdotal notes
4=Medical exam
5=Other (Specify on review form)
9=Information not available

5. **Test Codes:**

0175=Assessment of Children's Language Comprehension
0202=Bayley Scales of Infant Development
0209=Birth-3 Developmental Scale (Bangs-Dodson)
0215=Boehm Test of Basic Concepts
0270=Brigance Diagnostic Inventory of Essential Skills
0273=Brigance Inventory of Early Development
0299=Bzoch-League Receptive-Expressive Emergent Language Scale (Infant)
0302=California Preschool Scale
0304=Callier-Azusa Scales
0306=Carolina Developmental Profile
0308=Carrow Elicited Language Inventory
0310=Comprehensive ID Process
0360=Coping Inventory
0416=Denver Developmental Screening Test
0418=Developmental Indicators for Assessing Learning (DIAL)
0420=Developmental Profile (Alpern Boll)
0422=Developmental Test of Visual-Motor Integration (VMI)
0502=Early Intervention Developmental Profile
0550=EMI Assessment Scale
0633=Fisher-Logemann Test of Articulation Competence
0645=Fluharty Preschool Speech and Language Screening Test
0670=Frostig Developmental Test of Visual Perception
0673=Functional Profile
0716=Gesell Behavior Tests

5. **Test Codes:** (continued)

0758=Goldman-Fristoe Test of Articulation
0759=Goldman-Fristoe Woodcock Test of Auditory Discrimination
0858=Home Inventory
0933=Illinois Test of Psycholinguistic Abilities
1116=Kent Infant Development Scale
1133=KIDS Inventory of Development Scale
1216=Learning Accomplishment Profile—Diagnostic Assessment
1218=Leiter International Performance Scale
1220=Lexington Development Scale
1308=McCarthy Scales of Childrens Abilities
1316=Memphis Comprehensive Development Scale
1333=Michigan Development Programming for Infants
1616=Peabody Picture Vocabulary Test
1658=Portage Guide to Early Education Checklist
1670=Preschool Attainment Record
1672=Preschool Language Scale
1674=Preschool Screening System
1802=Rapid Developmental Screening Checklist
1816=Receptive-Expressive Emergent Language Scale (REEL)
1975=Sequenced Inventory of Communication Development
2016=Test for Auditory Comprehension of Language (CARROW)
2154=Uniform Performance Assessment System
2170=Uzgiris-Hunt Scales of Psychological Development (Infant)
2233=Vineland Social Maturity Scale
2273=Vulpe Performance Analysis/Development Assessment
2316=Weschsler Preschool and Primary Scale of Intelligence
5555=Neurological exam
6666=Orthopedic exam
7777=General physical exam
8888=Other (Specify on review form)
9999=No postplacement assessment information was found.

## Special Notes on the Instruments

SUBCOMPONENT: Preplacement Assessment

### Preplacement Assessment, Director Questionnaire

Directions. You can modify the definition of assessment report if it is not appropriate for your use.

Questions 1, 2, 4, and 8. If you use a computer, the answers to these questions need to be right justified (refer to Data Processing in Managing Data.

Access to a computer is not necessary to use this instrument.

### Preplacement Assessment, Staff Questionnaire

Questions 5 and 7. Refer to Data Analysis and Summary in the Managing Data section for how to summarize ranking type questions.

Questions 1, 2, and 3. If you use a computer, the answers to these questions need to be right justified (refer to Data Processing in Managing Data.

Access to a computer is not necessary to use this instrument.

### Preplacement Assessment, Parent Questionnaire

Question 1a. The responses to this question can be summarized in two different ways: (1) the number or percentage of times each answer choice was selected, i.e. how many respondents indicated that their child was tested by a department within the county school system, the county Health Department, etc.; and (2) the number of respondents who indicated that their child was tested by one agency, two agencies, three agencies, etc.

Questions 2-5. When comparing responses for best versus least liked agencies, you should only use those cases in which (1) the respondent's child had been tested by at least two agencies and (2) the respondent indicted both a best and least liked agency. Parents tended not to want to indicate a least liked agency during our piloting of this questionnaire; a few of the parents who did, wrote additional notes as to why they did so and emphasized that their least liked agency wasn't really so bad. If you should run into the same situation, the recommendations made above to delete certain data must be followed for the information to be meaningful.

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Questions 1, 2, and 5. If you use a computer, the answers to these questions need to be right justified (refer to Data Processing in Managing Data.

Access to a computer is not necessary to use this instrument.

**Preplacement Assessment, Agency Questionnaire**

Questions 1, 2, 9 and 10. If you use a computer, the answers to these questions need to be right justified (refer to Data Processing in Managing Data.

Access to a computer is not necessary to use this instrument.

**Preplacement Assessment, Record Review**

Directions. The directions for this questionnaire indicate that the record review form should be completed on the three assessment reports written closest and prior to the date of the child's first placement meeting. These instructions were given because it was felt that this would adequately sample the type of assessments children received. You can decide to increase or decrease the number of assessment reports on which the form should be completed.

You can change the definition of an assessment report if it is not appropriate for your intended use.

Question 6, Test Codes. The user can assign a four-digit code to a test that is found in the student's files but which was not included in the Test Codes.

Question 7c. No card column number is provided here for two reasons: (1) the number of programs available within a school district is probably very small and could be easily summarized by hand; and (2) programs vary from district to district. If you want to have this information coded into the computer for analysis, you can devise a coding system and use any of the remaining card column numbers (61 to 80) to record the information.

You do not need access to a computer to use this instrument.

*****

**SUBCOMPONENT: Postplacement Assessment**

**Postplacement Assessment, Staff Questionnaire**

Directions. You can modify the definition of an assessment report to meet your needs if it is not appropriate.

Questions 1, 2, and 6. If you use a computer, the answers to these questions need to be right justified (refer to Data Processing in Managing Data.

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Access to a computer is not necessary to use this instrument.

**Postplacement Assessment, Record Review**

Directions. The record reviewer is instructed to collect information for this form from the child's confidential/cumulative folders. If you find that this information is recorded in a different type of folder, you should change the directions for the reviewer.

The reviewer is directed to use the record review form for the assessments that were done on the child one month after the child's enrollment in a program. You can change this time period if you wish.

You can modify the definition of an assessment report if it is not appropriate for your intended use.

Access to a computer is not necessary to use this instrument.

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## COMPONENT: The Placement Process

Description of Subcomponents
Chart of Data Collection Instruments
Evaluation Study Questions
When To Use the Data Collection Instruments
Data Collection Instruments
Special Notes on the Instruments

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## Description of Subcomponents

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The Intake/Review Process subcomponent focuses on the type of information that a placement unit requires for preschool children before considering them for placement in a special education program. It also inquires about the number of children considered for placement and actually placed in programs.

*****

The Placement Meeting subcomponent examines the manner in which the preschoolers' placement meetings are conducted and what topics are discussed at these meetings.

*****

The Appropriateness of Placement subcomponent provides a means to examine the question of whether or not placements for preschool handicapped children are made appropriately, i.e., are children placed in a program with children of similar needs and is there a good match between a child's need and the services offered by a program.

*****

The Overview of the Placement Process subcomponent contains an outline developing a case study of the total process by which a preschooler is considered for placement in a special education program. It incorporates some of the information collected in the other Placement Process subcomponents.

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COMPONENT: Placement Process

| Instruments | Subcomponents | | | |
|---|---|---|---|---|
| | Intake Review Process | Placement Meeting | Appropriateness of Placement | Overview of Placement |
| Director, Placement Office Interview | X | | X | |
| Program Director Questionnaire | | | X | |
| Parent Questionnaire | | X | | |
| Observation System | | X | | |
| Case Study | | | | X |

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COMPONENT: Placement Process
SUBCOMPONENT: Intake/Review Process

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. How many preschool children have been considered for initial and "renewed" placement in a special education program during a given period of time? | Intake Review Process, Placement Office Interview |
| 2. Does the Placement Office require that certain information beavailableon preschool children who are being considered for placement? How is incomplete information handled? | Intake Review Process, PlacementOffice Interview |
| 3. Are parents assisted by Placement Office personnel to collect this information? | Intake Review Process, Placement Office Interview |
| 4. Of the children considered for initial placement how many: (a) were found to need special education services; (b) did the ARD committee request additional testing; (c) did the assessment reports contain recommendations for programming; (d) did the ARD committee agree on assessment results and recommendations? | Intake Review Process, Placement Office Interview |
| 5. Are assessment reports from different agencies evaluated differently? | Intake Review Process, Placement Office Interview |
| 6. For how many children has the Placement Office received assessment reports indicating that the child was in need of services, but the parents failed to follow through on and request services? | Intake Review Process, Placement Office Interview |
| 7. Does the Placement Office send preplacement results to the child's program placement? When? Is different information sent to different programs? | Intake/Review Process, Placement Office Interview |

**COMPONENT:** Placement Process
**SUBCOMPONENT:** Placement Meeting

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## Evaluation Study Question

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| | Question | Instrument |
|---|---|---|
| 1. | Who attends preschool Admissions, Review and Dismissal meetings? | Placement Meeting. Observation System and Parent Questionnaire |
| 2. | What introductory procedures occur at the placement meetings (e.g., participants introduced by name, title; purpose of meeting stated; process reviewed)? | Placement Meeting, Observation System |
| 3. | Are the following topics discussed before and/or after the placement decision is made: student background, assessments done, child's ability placement consideration, parent concerns? | Placement Meeting, Observation System |
| 4. | With respect to discussion of a child's disability code, level of service, related services and program placement: (a) were differences of opinions expressed by the participants; (b) what decisions were made; and (c) were these decisions explained to parents? | Placement Meeting, Observation System |
| 5. | How did the placement committee reach its decision? | Placement Meeting, Observation System |
| 6. | Were follow-up responsibilities assigned/ discussed (e.g., additional testing/re-evaluation, parent visits to program(s), short-term monitoring, etc.)? | Placement Meeting, Observation System |
| 7. | Are the next steps in the placement process explained to parents (e.g., due process)? | Placement Meeting, Observation System |
| 8. | To what extent were parents involved in developing and/or approving their child's IEP? | Placement Meeting, Observation System and Parent Questionnaire |
| 9. | How satisfied were parents with the various aspects of the placement process? | Placement Meeting, Parent Questionnaire |

| | Question | Instrument |
|---|---|---|
| 10. | Was the manner in which the placement meeting was conducted or the outcome of the meeting different from parent expectations? | Placement Meeting,<br>Parent Questionnaire |
| 11. | What changes would parents like to see in the placement process? | Placement Meeting,<br>Parent Questionnaire |

COMPONENT: Placement Process
SUBCOMPONENT: Appropriateness of Placement

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. What is the role of Placement Office staff in the sixty-day review process? | Appropriateness of Placement, Placement Office Interview |
| 2. How is it determined if a child's placement is inappropriate? | Appropriateness of Placement, Placement Office Interview |
| 3. How many and what types of changes are made as a result of a sixty-day review? | Appropriateness of Placement, Placement Office Interview |
| 4. How well is the sixty-day review process working? | Appropriateness of Placement, Placement Office Interview |
| 5. How can the sixty-day review process be improved? | Appropriateness of Placement, Placement Office Interview and Program Director Questionaire |
| 6. What are the perceptions of program directors as to how many children were inappropriately placed in their programs? | Appropriateness of Placement, Program Director Questionnaire |
| 7. What are the characteristics of children who program directors felt were inappropriately placed in their programs? | Appropriateness of Placement, Program Director Questionnaire |
| 8. How satisfied are program directors with the ability of the placement committee to appropriately place children in their programs? | Appropriateness of Placement, Program Director Questionnaire |
| 9. What suggestions do program directors have that would help the placement committee in appropriately placing preschoolers in their programs? | Appropriateness of Placement, Program Director Questionnaire |

**COMPONENT:** Placement Process
**SUBCOMPONENT:** Overview of Placement Process

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. What are the characteristics of the preschool children and their families who are considered for placement in special education programs? | Overview of Placement Process, Case Study Outline |
| 2. What are the reasons that parents/guardians contact the placement office to have their child considered for special education placements? | Overview of Placement Process, Case Study Outline |
| 3. How does the placement process flow? For example: when and what problems were first noted by parents, when was testing done and what tests were used; what was the nature of the contacts between parents and the placement office and how frequent were they; when were the child's placement meeting and sixty-day review? | Overview of Placement Process, Case Study Outline |
| 4. What is the child's previous educational experience and background? | Overview of Placement Process, Case Study Outline |
| 5. In what areas were the child tested and when? | Overview of Placement Process, Case Study Outline |
| 6. What happens at the child's placement meeting? | Overview of Placement Process, Case Study Outline |
| 7. What are parents' perspectives on the placement process? | Overview of Placement Process, Case Study Outline |

**COMPONENT: Placement Process**

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## When to Use the Instruments

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### SUBCOMPONENT: Intake Review Process

| Instrument | When to Use |
|---|---|
| Intake/Review Process, Placement Office Interview | At the end of the school year. |

*****

### SUBCOMPONENT: Placement Meeting

| Instrument | When to Use |
|---|---|
| Placement Meeting, Parent Questionnaire | Shortly after child's placement meeting. |
| Placement Meeting, Observation System | At any time during the school year at initial placement meetings. |

*****

### SUBCOMPONENT: Appropriateness of Placement

| Instrument | When to Use |
|---|---|
| Appropriateness of Placement, Placement Office Interview | Toward the end of the school year. |
| Appropriateness of Placement, Program Director Questionnaire | Toward the end of the school year. |

*****

### SUBCOMPONENT: Overview of Placement Process

| Instrument | When to Use |
|---|---|
| Overview of Placement Process, Outline for Case Study | At any time during the school year. |

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**COMPONENT: Placement Process**

## Data Collection Instruments

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## INTAKE REVIEW PROCESS
### Placement Office Interview

**Office Use**

| | |
|---|---|
| Form Code: 545 | 1-3 |
| County Code: ______ | 4-5 |
| | 6-8 Blank |
| Position Code: ______ | 9-10 |
| Interviewer ID: ______ | 11-12 |
| | 13 Blank |

Job Title of Person Being Interviewed: ______________________________

Interviewer: ______________________________

**Directions** [To Be Read]: I would like to ask you some questions about the preplacement assessments that your office reviews when a child is being considered for placement in a special education program. Preplacement assessment is done prior to a placement decision and for the purpose of determining 1) whether a child has a handicapping condition, or 2) the extent of a suspected problem in an area of development. We are interested in learning how those individuals who determine the placement of handicapped preschoolers collect, evaluate and utilize assessment information. All questions refer only to children birth to five years, 11 months of age.

1. a. In the past school year how many preschool children has your office considered for placement? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 14-16

   b. How many of these children were being considered for an initial placement? . . . . . . . . ______ 17-19

2. Approximately how many of the children considered for initial placement were eventually found to need services? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 20-22

3. What type of assessment information do you require for all children before they can be scheduled for an Admission, Review and Dismissal Committee (ARD) meeting? For example, do you require medical information, a developmental history, etc.?

______________________________
______________________________
______________________________
______________________________

4. What do you do when a child's folder is incomplete?

______________________________
______________________________
______________________________
______________________________

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5. What information does the Placement Office look for in a child's preplacement assessment report, for example, information on medical status, test results, diagnosis of handicapping condition, etc.?

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

6. What do you do when you determine that a report is incomplete?

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

7. Does the Placement Office help parents collect all of the information needed before the ARD meeting? [1=Yes; 2=No] . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . _____ 23

IF YES, explain how.

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

8. During this past school year, for how many children has the Placement Office received assessment reports stating that the child was in need of services, but the parents failed to follow through and request services? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . _____ 24-26

9. Of the [READ THE NUMBER GIVEN TO QUESTION 1.b.] preschool children your office considered for initial placement, for approximately how many have the ARD Committee requested additional assessment information after the first assessment report was received? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . _____ 27-29

10. In approximately how many cases did the ARD Committee agree with the conclusions of the assessment reports that indicated either the presence or absence of a handicapping condition? .......... ______ 30-32

11. What does the ARD Committee look for when reviewing assessment data to determine if a child has a handicapping condition?

______

______

______

______

12. Of the [READ THE NUMBER GIVEN TO QUESTION 1.b.] preschoolers considered for initial placement this school year, in approximately how many cases did the assessment reports contain specific recommendations for services (e.g., "child needs speech therapy," "child needs a behavior modification program")? .......... ______ 34-36

13. Of these cases with specific service recommendations, in approximately how many did the ARD Committee agree with the recommendation? .......... ______ 37-39

14. Do you evaluate preplacement assessment reports from different agencies differently; for example, do you feel one agency consistently underestimates a child's capabilities? Do not name specific agencies, but answer in general terms.

______

______

______

______

15. Are there ways in which assessment reports could be improved to make placement decisions easier? What changes would you like to see?

______

______

______

______

16. Of the cases your office has considered for initial placement in the past school year, in approximately how many did you or someone on your staff explain the assessment results to the child's parents? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 40-42

IF ANSWER IS "0," GO TO QUESTION 18.

17. Under what circumstances would the Placement Office explain preplacement assessment results to parents?

______________________________

______________________________

______________________________

______________________________

18. Under what circumstances is preplacement assessment information that was received by the Placement Office sent to programs?

______________________________

______________________________

______________________________

______________________________

19. a. In approximately how many of the preschool cases with initial placements in public programs was the preplacement assessment information routinely sent to the child's program by the Placement Office (that is without any requests from the program to do so)? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 43-45

b. In approximately how many of the preschool cases with initial placements in private programs was the preplacement assessment information routinely sent to the child's program by the Placement Office (that is without any requests from the program to do so)? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 46-48

20. a. Are all programs routinely sent the same information?
[1=Yes; 2=No] .......................................................................... ______ 49

b. IF NO, please explain what the differences are.

______________________________________________

______________________________________________

______________________________________________

______________________________________________

c. Why are there differences?

______________________________________________

______________________________________________

______________________________________________

______________________________________________

**THANK YOU VERY MUCH FOR YOUR COOPERATION.**

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## PLACEMENT MEETING
### Parent Questionnaire

Name of parent completing form: ________________________________________

The purpose of this questionnaire is to find out from parents/guardians (1) what happened at the meeting in which a decision was made regarding their child's needs for a special education and (2) how satisfied they were with the manner in which this decision was made.

**Directions:** The term *placement meeting* is used in this questionnaire to refer to the meeting with Placement Office personnel in which your child's needs for special education were discussed and a decision was made as to whether or not your child needed to receive services in a special education program.

To answer most of the questions you will be asked to write the number of your answer choice in a space to the right of each question.

**Example:**

1. Use the answer choices below to indicate whether or not each person listed went to your child's placement meeting.

**Answer Choices:**

**1=Yes**
**2=No**

a. Child's mother/female guardian . . __1__
b. Child's father/male guardian . . . . . __2__

An answer choice of "1" next to "child's mother/female guardian" means that she attended the placement meeting. An answer choice of "2" next to "child's father/male guardian" means that he did *not* attend the placement meeting.

Your answers will be coded to an identification number and all information will be kept strictly confidential.

**PLACEMENT PROCESS**
**Parent Questionnaire**

**Office Use**
Form Code: 650 1-3
Program Code: ______ 4-5
Parent ID: ______ 6-8
9 blank

1. Use the answer choices below to indicate whether or not each person listed went to your child's placement meeting.

**Answer Choices:**

**1=Yes**
**2=No**

a. Child's mother/female guardian .................... ______ 10
b. Child's father/male guardian .................... ______ 11
c. Your child .................... ______ 12
d. Other relative, friend, or neighbor .................... ______ 13
e. Legal counsel (lawyer) brought by you .................... ______ 14
f. Special education advocate brought by you .................... ______ 15
g. Someone else brought by you (Specify: ______________________________) ______ 16

2. For each of the 12 topics listed below use the answer choices to indicate which ones were discussed at the meeting between you and school personnel regarding the placement of your child in a special education program.

**Answer Choices:**

**1=This was discussed at the meeting.**
**2=This was not discussed at the meeting.**
**3=I don't remember.**

a. Your child's special education needs or problems .................... ______ 17
b. Your child's test results .................... ______ 18
c. The educational goals or objectives for your child this year .................... ______ 19
d. More than one special education program .................... ______ 20
e. Length of the school day in the special education program to which your child was assigned .................... ______ 21
f. The type of services which would be provided to your child (for example, speech therapy, physical therapy) .................... ______ 22
g. The amount of services which would be provided to your child (for example, the number of days in a week, the number of hours in a day) .................... ______ 23
h. The opportunity for your child to interact with nonhandicapped children .................... ______ 24
i. Transportation to the special education program .................... ______ 25
j. The availability of services to parents provided by the program to which your child was assigned .................... ______ 26
k. Your feelings about the placement decision .................... ______ 27
l. What you could do if you did not agree with the placement decision made for your child .................... ______ 28

3. Have you been involved in developing and/or approving your child's Individualized Education Plan (IEP) in any of the following ways?

**Answer Choices:**

1=Yes
2=No
3=I Don't Remember

a. Placement Office personnel asked your opinion about the content of your child's IEP . . ______ 29
b. Placement Office personnel explained your child's IEP to you . . . . . . . . . . . . . . . . . . . . . ______ 30
c. Placement Office personnel asked you to sign your child's IEP . . . . . . . . . . . . . . . . . . . . . ______ 31

4. Did you receive a copy of your child's IEP? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 32

**Answer Choices:**

1=Yes
2=No

5. Use the answer choices below to indicate how satisfied you were with the following:

**Answer Choices:**

1=Very satisfied
2=Somewhat satisfied
3=Neither satisfied nor dissatisfied
4=Somewhat dissatisfied
5=Very dissatisfied
6=Not applicable

a. How you were treated by Placement Office personnel during your first contact with them . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 33
b. The help and information you received before the placement meeting . . . . . . . . . . . . . . . ______ 34
c. How you were treated by Placement Office personnel during the placement meeting . . ______ 35
d. The amount of time scheduled for the placement meeting . . . . . . . . . . . . . . . . . . . . . . . . ______ 36
e. The encouragement you received from the Placement Office personnel to ask questions . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 37
f. The willingness of the Placement Office personnel to discuss your concerns and questions . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 38
g. The explanation you received from Placement Office personnel regarding the type of disability they believe your child has . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 39
h. The explanation you received from Placement Office personnel regarding the level of services your child will receive . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 40
i. The description given to you by Placement Office personnel about the program your child will be attending . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 41
j. The placement decision made for your child . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 42
k. The overall placement process . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 43

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6. Use the answer choices below to answer questions a and b.

**Answer Choices:**

1=Yes
2=No

a. Was the placement meeting conducted in the manner you expected? ................ ______ 44

b. Were the results of the placement meeting what you expected? ..................... ______ 45

c. If your answer to either 6.a. or 6.b. was no, please explain briefly how what happened at the meeting was different from what you expected.

______________________________________________

______________________________________________

______________________________________________

______________________________________________

7. What changes would you like to see in the placement process?

______________________________________________

______________________________________________

______________________________________________

______________________________________________

8. Other comments:

______________________________________________

______________________________________________

______________________________________________

______________________________________________

**Thank you for completing this questionnaire.**

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## PLACEMENT MEETING
### Observation System

The purpose of this observation system is to obtain descriptive information about preschool special education placement meetings. Specifically, this system will describe the participants attending a placement meeting, the procedures followed, the issues discussed, the placement recommendation or decision made, and any follow-up responsibilities, parent closure or paperwork discussed at the meeting. The descriptive information obtained with this observation system could be used in an evaluation of the placement process or as a component of case studies of children placed in preschool special education programs.

Most of the information can be recorded as it happens during the placement meeting by noting whether or not the events listed on the observation form occur. The system was designed to be used by nonparticipant observers familiar with preschool special education placement procedures.

The observation system includes the following:

1. an observation form listing specific events to note or questions to answer,
2. detailed observation and coding directions, and
3. an observation code booklet (note that Agency/Program codes need to be defined for each school district or locality studied).

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## PLACEMENT MEETING
**Observation Form**

Form Code: 950 1-3

Child ID: ____________________ 4-6

Date: ______ ______ ______ 7-12
YR MO DA

Birthdate: ______ ______ ______
YR MO DA

Age (months): ____________________ 13-14

Time meeting starts: ____________________

Time meeting ends: ____________________

Length of meeting (minutes): ____________________ 15-16

## I. Descriptive Information on Participants (Refer to Code Booklet)

| A. Participants | B. Position (SEE CODES) | C. Agency/ Program (SEE CODES) | D. Provided Input 1=YES 2=NO | |
|---|---|---|---|---|
| 1. | | | | 18-22 |
| 2. | | | | 23-27 |
| 3. | | | | 28-32 |
| 4. | | | | 33-37 |
| 5. | | | | 38-42 |
| 6. | | | | 43-47 |
| 7. | | | | 48-52 |
| 8. | | | | 53-57 |
| 9. | | | | 58-62 |
| 10. | | | | 63-67 |
| 11. | | | | 68-72 |
| 12. | | | | 73-77 |

E. Additional participants (1=YES, 2=NO) ........................................ ______ 78

WHO? ______________________________________________

______________________________________________

______________________________________________

______________________________________________

F. Twins (1=YES, 2=NO) ........................................ ______ 79

80="1"

Dup 1-12

## II. Procedures (1=YES, 2=NO, 8=NOT APPLICABLE IF PARENT(S)/GUARDIAN(S) NOT PRESENT)

A. Participants introduced: 1. by name ........................................ ______ 13

2. by title/position/agency ........................................ ______ 14

B. Participant name tags/cards or written list of attendees ........................................ ______ 15

C. Purpose of the meeting stated ........................................ ______ 16

D. Meeting process reviewed ........................................ ______ 17

E. Chairperson (ENTER POSITION CODE) ........................................ ______ 18-19

## III. Discussion Before and After the Placement Decision

| | Before | After | |
|---|---|---|---|
| A. **Student Background Information** (1=YES, 2=NO) | | | |
| 1. Child's age/birthdate | | | 20-21 |
| 2. Presenting problem | | | 22-23 |
| 3. Family/sibling information | | | 24-25 |
| 4. Developmental history | | | 26-27 |
| 5. Previous educational experience(s) | | | 28-29 |
| B. **Assessment** (1=YES, 2=NO) | | | |
| 1. Testing agency(ies)/tester's title | | | 30-31 |
| 2. Date of testing | | | 32-33 |
| 3. Test results | | | 34-35 |
| 4. Testing agency recommendations | | | 36-37 |
| 5. Parental disagreement with results/recommendations | | | 38-39 |
| C. **Functioning of Child** (1=YES, 2=NO) | | | |
| 1. Physical/medical/neurological | | | 40-41 |
| 2. Social/emotional/behavioral | | | 42-43 |
| 3. Cognitive | | | 44-45 |
| 4. Speech and Language | | | 46-47 |
| 5. Gross/fine motor | | | 48-49 |
| 6. Hearing | | | 50-51 |
| 7. Vision | | | 52-53 |
| 8. Self-help | | | 54-55 |
| 9. Readiness for program | | | 56-57 |
| D. **Placement Considerations** (1=YES, 2=NO) | | | |
| 1. Child's general programming goals/needs | | | 58-59 |
| 2. Availability (slots) | | | 60-61 |
| 3. Cost/funding | | | 62-63 |
| 4. Programming alternatives/options | | | 64-65 |
| 5. Program pros and cons | | | 66-67 |
| 6. Interactions with nonhandicapped peers | | | 68-69 |
| E. **Additional Considerations** (1=YES, 2=NO) | | | |
| 1. Proximity and transportation | | | 70-71 |
| 2. Family/child attitude toward potential placement | | | 72-73 |
| 3. Impact on family | | | 74-75 |
| 4. General parent concerns/questions expressed | | | 76-77 |
| 5. General parent concerns/questions responded to | | | 78-79 |

80="2"

Dup 1-12

## IV. Discussion Specific to the Placement Decision/Recommendation

(1=YES, 2=NO, 8=NOT APPLICABLE—"C" ONLY)

| | A. Differences of Opinion 1=YES, 2=NO | B. Decision/ Recommendation (SEE CODE BOOKLET) | C. Explained to Parents 1=YES, 2=NO, 8=NA | |
|---|---|---|---|---|
| 1. Disability Code | | | | 13-16 |
| 2. Level of Service | | | | 17-19 |
| 3. Related Services | | | | 20-27 |
| 4. Program | | | | 28-31 |

D. Additional Information about Placement Decision/Recommendation

1. Secondary disability code (1=YES, 2=NO) (Specify: ______________________________) ______ 34
2. More than three related services specified (1=YES, 2=NO) (Specify: ______________) ______ 35
3. Related services not specified in vote/consensus (1=YES, 2=NO) (Specify: ________) ______ 36
4. Programs being considered: ________________________________________________

E. Regarding the placement decision/recommendation, what options were considered? ... ______ 37

**Answer Choices:**

1=New options were created or recommended.
2=Existing options/classes were supplemented/altered.
3=Additional classes within existing options were opened.
4=Only existing placement(s) within the district were considered.
9=No options were considered; child determined not handicapped.

F. How did the Placement Team reach a decision/recommendation for placement? ....... ______ 38

**Answer Choices:**

1=By group consensus
2=By formal vote of *all* present
3=By formal vote of *some* present
4=Other (Specify: ________________________________________________)

G. Is the child currently being served by any special education service provider or agency?
(1=YES, 2=NO) ........................................................ ______ 39

H. The child is currently being served by: ........................................ ______ 40

**Answer Choices:**

1=The same service provider/agency as the one decided upon/recommended by the Placement Team.
2=A different service provider/agency than the one decided upon/recommended by the Placement Team.
3=The child is not currently being served.

I. Specifically concerning the appropriateness of the placement decision/recommendation:
(1=YES, 2=NO, 8=NOT APPLICABLE—PARENT(S)/GUARDIAN(S) NOT PRESENT)

1. Were parent concerns/questions expressed? .................................. ______ 41
2. Were parent concerns/questions responded to? ............................... ______

J. Did the parents arrive after the decision/recommendation was made?
(1=YES, 2=NO, 8=NOT APPLICABLE—PARENT(S)/GUARDIAN(S) NOT PRESENT) .. ______ 43

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V. **Follow-up Responsibilities** (1=YES, 2=NO)

A. Additional testing or reevaluation ______ 45

B. Parent visits to program(s) ______ 46

C. Short term monitoring ______ 47

D. Other programming/services desirable for child (outside of placement/related services) ______ 48

E. Parenting/home education suggestions ______ 49

F. Contacting parent (CODE 8=NOT APPLICABLE IF PARENT(S)/GUARDIAN(S) PRESENT) ______ 50

VI. **Parent Closure** (IF PARENT(S)/GUARDIAN(S) NOT PRESENT, CODE 8=NOT APPLICABLE)

A. Next steps in process explained to parents (1=YES, 2=NO) ______ 52

B. Due process rights/appeal process ______ 53

**Answer Choices:**

**1=Mentioned**
**2=Explained**
**3=Written materials provided**
**4=Mentioned and written materials provided**
**5=Explained and written materials provided**
**8=Not addressed**

VII. **Forms/Paperwork** (1=YES, 2=NO)

A. Is the school district IEP reviewed with parents? (CODE 8=NOT APPLICABLE IF PARENT(S)/GUARDIAN(S) NOT PRESENT) ______ 55

B. Is program IEP follow-up assigned? ______ 56

VIII. **Other Notes of Interest**

______________________________

______________________________

______________________________

______________________________

80="3"

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# DIRECTIONS FOR PLACEMENT MEETING OBSERVATION SYSTEM

## PREPARATION

Before the placement meetings begin, the observer should find an unobtrusive seat from which to observe the proceedings. As participants are introduced, the observer should identify himself/herself as an "observer of the placement process" rather than as a participant.

## CODING INSTRUCTIONS

The Placement Team will usually convene to discuss several cases. Before each case is discussed, complete the child ID, the date of the meeting, the child's birthdate and the time that the meeting begins at the top of the form:

### Child ID

A decision rule should be made prior to conducting the observation as to how identification numbers (IDs) will be assigned to children. Space is provided on the coding sheet to record a three-digit ID.

### Date and Birthdate

Record the date of the meeting and the child's birthdate as follows: year, month, day—e.g. 821016 for October 16, 1982. The birthdate should be available prior to the meeting. "Age" in months can then be calculated by subtracting the birthdate from the date of the placement meeting. Round 15 or more days to one month.

### Time

At the introduction of each case or when the participants are introduced, note the "time meeting starts." Note the "time meeting ends" when the parents have departed, or if the parents were not present, when the discussion of a given case has been completed. "Length of meeting" in minutes can then be calculated.

## I. Descriptive Information on Participants

### A. Participants

List each participant as he/she is introduced by noting sufficient information to code his/her position and agency/program affiliation. If participants are not introduced, determine after the meeting who they are, their position and their agency/program affiliation. List everyone who attends the meeting. Include participants who arrive after the discussion has begun or who leave before the discussion has ended. See item E below regarding which participants to list if more than 12 are present.

### B. Position (See Attached Codes)

Position is the role of the participant most relevant to the placement process. However, note that:

1. Whenever possible, members of the Placement Team should be coded according to their role outside the team (e.g., a representative of the Health Department should be coded as a "Nurse" or "Physician").
2. Other participants should be coded according to their specific title if it can be determined (e.g., as "Psychologist" or "Speech Therapist").
3. Different codes have been provided for parent(s)/guardian(s) and for the other people who may be representing the parents at the meeting (e.g., parent surrogate/substitute, parent advocate). If the parent(s)/guardian(s) are not present, consider the parent/guardian representative as the "parent" for the following "parent" items: Section II, items A-D; Section III, items B.5, E.4 and E.5; Section IV, items C.1-4, I.1, I.2 and J; Section VI; and Section VII, item A. This covers all "parent" items except Section V, item F which specifically refers to the child's biological/adoptive parent(s) or legal guardian(s).
4. Code "99" if information is not available.

### C. Agency/Program (See Attached Codes)

Agency/Program is the agency or program affiliation of the participant. Before the observation is conducted agencies/programs/departments that serve the school district's preschoolers need to be assigned identification codes. Codes can range from 01 to 99. Some general agencies/programs have been listed in the code booklet, but these can be changed depending on the situation in your school district. Note that the child and his/her family members are "not representing an agency/program" (code 77).

D. **Provided Input** (1=Yes, 2=No)

As the discussion proceeds, code whether or not each participant contributed to the discussion (i.e., provided any information relevant to the placement meeting such as questions or comments regarding the child's functioning or behavior, programming needs, program alternatives, etc.).

E. **Additional Participants**

If 12 or less participants attend the placement meeting, *Code 2=No.* If more than 12 people attend the meeting, *Code 1=Yes* and specify the position and agency/program affiliation of additional participants. In this event, list most important participants (e.g., Placement Team members, parents, parent representatives, child, program representatives) on lines 1-12 and specify less important participants (e.g., other family members, observers) below the chart.

F. **Twins**

*Code 1=Yes* if the child being discussed is the twin sibling of another child also to be discussed; *Code 2=No* if not.

THE INFORMATION TO BE CODED IN SECTIONS II-VII SHOULD BE OBTAINED DURING THE COURSE OF THE MEETING.

## II. Procedures

Use the following codes for items A-D:

**1=Yes,** it occurred.
**2=No,** it did not occur.
**8=Not Applicable** (i.e., if the parent(s)/guardian(s) are not present)

A. **Participants Introduced:**

1. **by name** —Are the participants introduced by name?
2. **by title/position/agency** —Does the participant indicate his/her title, position, or agency affiliation?

B. **Participant name tags/cards or written list of attendees**—Do the participants have name tags or cards, or has a written list of attendees been distributed to the parents?

C. **Purpose of the meeting stated**—Is the meeting's goal or the meeting's expected outcome explicitly stated (e.g., is it made clear to the parents that the outcome of the meeting will be a placement recommendation)?

D. **Meeting process reviewed**—Is a description of what will occur during the meeting reviewed or outlined?

E. **Chairperson (See Attached Position Codes)**—What is the position of the person who directs the meeting?

## III. Discussion Before and After the Placement Decision

Use the following codes for Items A through E:

**1=Yes,** it is mentioned
**2=No,** it is not mentioned.

Code each topic in terms of whether it is/is not mentioned:

a. **before** the placement decision is made (left hand column), and
b. **after** the placement decision is made (right hand column).

A. **Student Background Information**

1. **Child's age/birthdate**
2. **Presenting problem** (specify)—the delay, deficit or condition which suggests consideration for placement in a preschool special education program (e.g., expressive language delay, hard of hearing, Down's Syndrome). Note that this item refers to a discussion of the child's problem only as a rationale for possible special education placement.

3. **Family/sibling information**—any discussion of the family or siblings (e.g., number of siblings, handicapping conditions of family members, family relationships, family interaction patterns, background information on parents).
4. **Developmental history**—any information regarding pregnancy and delivery, a history of medical problems or developmental milestones in previous years.
5. **Previous educational experience(s)**—any discussion of whether or not the child is or has ever been enrolled in a program or worked with a therapist. Note that "Yes" indicates that the subject was mentioned, but not necessarily that the child has had a previous educational experience.

B. **Assessment** refers to testing done prior to the placement meeting.

1. **Testing agency(ies)/tester's title**—includes any mention of at least one testing agency or tester (by title—name is not sufficient).
2. **Date of testing**—must mention at least month and year to code "yes."
3. **Test results**—includes test scores, developmental ages/quotients, medical diagnoses.
4. **Testing agency recommendation**—does the testing agency suggest a specific service or program that the child needs?
5. **Parental disagreement with results/recommendations**—code "yes": (a) if the parent(s) express any reservations regarding the accuracy of any of the test results or the testing agency's recommendations, or (b) if the parent(s)/guardian(s) are not present and someone reports the parents' disagreement with any of the test results or the testing agency's recommendations.

C. **Functioning of the Child**

1. **Physical/medical/neurological**—includes the child's physical limitations/strengths, neurological status, medication needs or medical condition (where gross/fine motor, hearing or vision are not specifically mentioned).
2. **Social/emotional/behavioral**—includes the child's ability to function in an environment with or without previously known individuals; the child's self-concept, behavior, style of interaction or play skills with others; or any emotional or behavioral problems/strengths (e.g., hyperactivity, fears, fantasies, ability to adjust to change).
3. **Cognitive**—includes skills related to the child's comprehension, intellectual functioning, memory; knowledge of facts, concepts; ability to imitate, learn, solve problems, think, etc.
4. **Speech and Language**—includes oral motor functioning, articulation, intelligibility, receptive and expressive language (e.g., ability to answer questions and follow directions, use of nouns and verbs).
5. **Gross/fine motor**—any aspect of the child's gross motor functioning, i.e., skills involving use of large muscles where strength and coordination are involved (e.g., throwing, catching, jumping, hopping, standing still, crawling, walking, balancing); or any aspect of the child's fine motor functioning, i.e., use of delicate motor systems where precision is required and where visual, perceptual or sensory integration may be involved (e.g., handwriting, copying figures, buttoning, block building, cutting).
6. **Hearing**—any discussion related to hearing functioning (e.g., hearing test results, hearing aid function).
7. **Vision**—includes any mention of vision functioning other than visual-motor integration (e.g., visual acuity, need for glasses).
8. **Self-help**—includes any aspect of child's ability to function effectively in his environment, e.g., self-care areas such as feeding/eating, toileting, dressing; ability to make his wants known.
9. **Readiness for program**—skills/deficits regarding the child's readiness to benefit from a preschool program such as stimulatibility, attention span, work habits, attitudes, ability to adapt to a new situation.

D. **Placement Considerations**

1. **Child's general programming goals/needs**—any specific discussion of what the child needs in terms of programming (type or intensity of program, related services, etc.) or what the child's program/IEP goals should be.

2. **Availability (slots)**—any mention of whether certain types of programs are available in the school district or whether positions are open in a specific program.
3. **Cost/funding**—any discussion of what any aspect of the program/service will cost, who will pay for it, alternative sources of funding, etc.
4. **Programming alternatives/options**—any mention of alternative programs or adjustment of existing program(s) which could meet the child's needs.
5. **Program pros and cons**—any discussion of the advantages/disadvantages of one or more programs in terms of staffing, services provided, location, frequency and duration, types of children served, etc.
6. **Interaction with nonhandicapped peers**—any mention of opportunities (or lack of) for mainstreaming/interaction with nonhandicapped peers.

E. **Additional Considerations**

1. **Proximity and transportation**—any discussion of location of the program/services or how the child will get there.
2. **Family/child attitude toward potential placement**—any mention of how the family/child feels or might feel about a placement being discussed.
3. **Impact on family**—any discussion of any psychological, social, or emotional effect(s) that the child's placement might have on the family.
4. **General parent concerns/questions expressed**—did the parents ask any questions or voice concerns during the meeting regarding their child, any programs/placements being discussed, the meeting itself, etc.? Note that parent concerns/questions can be reported by others if the parent(s)/guardian(s) are not present. Also note that concerns/questions specific to the appropriateness of the placement decision/recommendation are to be coded in Section IV, item I.
5. **General parent concerns/questions responded to**—did someone at the meeting respond in any way or at least acknowledge these concerns/answer these questions?

IV. **Discussion Specific to the Placement Decision/Recommendation**

As the placement decision/recommendation is being determined, complete the decision grid according to the specifications and definitions below.

Answer questions A and C below as to whether or not they occurred, i.e., **Code:**

**1=Yes,** it occurred.
**2=No,** it did not occur.
**8=Not Applicable** (for item C only—see specifications below)

Note that question B is to be handled differently—see below.

A. **Differences of Opinion**—Were different points of view expressed regarding items 1-4 below? Discussion must go beyond merely mentioning different alternatives to actually offering different opinions on the decision/recommendation to be made regarding these items:

1. **Disability code/handicapping condition**—Was there any discussion of different possible disability codes to assign to the child? (e.g., "hard of hearing" vs. "deaf," "multiple handicapped" vs. "mentally retarded," "speech and language impairment" vs. "child in need of assessment" or "child determined not handicapped").
2. **Level of service**—This refers only to a discussion of different levels of service for the child's program placement and not to alternative levels of service for any ancillary related services being discussed. Levels of service may be discussed specifically in terms of levels 1-7 or in terms of program characteristics which determine level of service. These characteristics are:
   a. setting of service (i.e., general education program, special program, self-contained classroom, special center, residential program, home, hospital),
   b. nature of service (i.e., consultative vs. direct, itinerant vs. within program),
   c. amount/frequency of service (i.e., hours per day, days per week) and
   d. minimum staffing ratio (i.e., maximum caseload or class size per teacher).

3. **Related services**—In general, this refers to discussions of the child's related service needs rather than to what related services a particular program can provide. Specifically, code "yes" if there are different points of view regarding:
   a. whether the child should or should not receive a particular related service or
   b. what level of related service the child should receive—e.g., level 1 (monitoring or assessment of) vs. level 2 (itinerant therapy in) speech.
4. **Program**—Was there any discussion of different possible program placements for the child? (e.g., different service providers or different programs by the same service provider.)

B. **Decision/Recommendation**—Code the final decision or recommendation made at the placement meeting, using the codes listed in the attached "Code Booklet for Placement Meeting Observation System" regarding:

1. **Disability code/handicapping condition**—If child is assigned more than one disability code, code primary handicapping condition in grid and note secondary disability code(s) below grid, item D.1.
2. **Level of service**—If the child is to receive more than one service, code the highest level of service to be received.
3. **Related services**—Code up to three; note additional related services below grid, item D.2. Code only those related services included in the group consensus or voted on as part of the Placement Team's recommendation or decision. Note below the grid, item D.3, any related services recommended/decided upon but not specified in the vote/consensus.
4. **Program**—Code the program in which the child is recommended to be placed; if a nonpublic recommendation is made but only one program is being considered, code that program; use code 88="program undetermined" if more than one program is being considered or if a specific program is not recommended/decided upon. Specify below the grid, item D.4, the programs being considered. Also use Code 88="program not specified" if child is determined not handicapped.

C. **Explained to Parents**—Was the decision made regarding the following items explained *directly* to the parents in lay language?

1. Was the **disability code** number translated into words?
2. Was the **level of service** number defined in words or explained in terms of the characteristics listed under item A.2 above?
3. Were the **related services** described (e.g. what OT/occupational therapy entails)?
4. Was the **program** described in any fashion (e.g., type of children served, staffing, philosophy, physical plant, location, frequency, duration)?

   *Note: Code 8=Not Applicable* for C.1-C.4 if the parent(s)/guardian(s) are not present. *Code 8=Not Applicable* for C.3 and/or C.4 if the parent(s)/guardian(s) apparently require no explanation of the decisions/recommendations made regarding related services or program because their child has previously received that related service or program. *Code 8=Not Applicable* for C.3 if no related services are discussed. *Code 8=Not Applicable* for C.1-C.4 if child is determined not handicapped.

D. **Additional Information about Placement Decision/Recommendation**

1. **Secondary disability code** —If a secondary disability code is assigned in B.1 above, *Code 1=Yes* and specify on form; if not, *Code 2=No.*
2. **More than three related services specified**—If more than three related services were included in the group consensus or voted on in B.3 above, *Code 1=Yes* and specify on form; if not, *Code 2=No.*
3. **Related services not specified in vote/consensus**—If additional related services are specified after the vote/consensus in B.3 above, *Code 1=Yes* and specify on form; if not, *Code 2=No.*
4. **Programs being considered**—If a specific program is not recommended/decided upon and more than one program is being considered in B.4 above, specify the programs being considered on the form.

ONCE THE PLACEMENT DECISION/RECOMMENDATION HAS BEEN MADE, ANSWER QUESTIONS E, F AND H ACCORDING TO CHOICES ON OBSERVATION FORM, AND QUESTIONS G, I AND J: 1=YES, 2=NO.

E. **Regarding the placement decision/recommendation, what options were considered?**—Code the answer choice below which describes the program option(s)/alternative(s) that were considered or discussed prior to making a placement decision/recommendation. If more than one *type* of option was considered, code the *lowest numbered* option discussed.

**Answer Choices:**

1=New options were created or recommended.
2=Existing options/classes were supplemented/altered.
3=Additional classes within existing options were opened.
4=Only existing placement(s) within the district were considered.
9=No options were considered; child was determined *not* handicapped.

F. **How did the Placement Team reach a decision/recommendation for placement?**—Code the answer choice below which best describes the decision-making mechanism employed by the Placement Team to reach a final placement decision:

**Answer Choices:**

1=By group consensus (i.e., there was no formal vote but participants appeared to be in general agreement with the decision.)
2=By formal vote of all present (i.e., all meeting participants vote by voice, hand, or ballot on the final placement decision.)
3=By formal vote of some present (i.e., only some of the meeting participants, e.g., the Placement Team members, vote by voice, hand or ballot on the final placement decision.)
4=Other (Specify on form.)

G. **Is the child currently being served by any special education service provider or agency?**—Include working with a therapist or enrollment in a special education program. (1=YES, 2=NO)

H. **The child is currently being served by:**

**Answer Choices:**

1=The same service provider/agency as the one decided upon/recommended by the Placement Team.
2=A different service provider/agency than the one decided upon/recommended by the Placement Team.
3=The child is not currently being served.

I. **Specifically concerning the appropriateness of the decision/recommendation:**

(1=YES, 2=NO, 8=NOT APPLICABLE—PARENTS(S)/GUARDIAN(S) NOT PRESENT)

1. **Were parent concerns/questions expressed?**
2. **Were parent concerns/questions responded to?**

Note that this item refers only to concerns/questions expressed/responded to *specifically* regarding the appropriateness of the placement decision/recommendation. See Section III, items E.4 and E.5 to code more general parent concerns.

J. **Did the parents arrive after the decision/recommendation was made?**—*Code 1=Yes, 2=No* in response to the question if the parent(s)/guardian(s) are present during any part of the meeting. If yes, code the content of the meeting both before and after the parents' arrival. *Code 8=Not Applicable If Parent(s) Guardian(s) Not Present.*

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## V. Follow-up Responsibilities

THIS SECTION REFERS GENERALLY TO THE DISCUSSION OF ACTIVITIES TO BE PERFORMED **AFTER** THE PLACEMENT MEETING.

**Code: 1=Yes, 2=No** to indicate whether topics A-F were mentioned at any time during the placement meeting.

A. **Additional testing or reevaluation** --any assessment to be done after the placement meeting, either before or during program placement. Include follow-up screenings; do not include additional testing, assessment or evaluation specified as a related service.

B. **Parent visits to program(s)**—any visits by the parent(s)/guardian(s) to any program(s) *before* the child starts attending a program. Include any mention of program visits by parents that have already occurred.

C. **Short-term monitoring**—any monitoring by school district personnel of the child's performance within 60 days after entering a program.

D. **Other programming/services desirable for child**—any programming/services outside of the placement and/or related services recommended for child—(e.g., regular preschool or group play experience, private therapy, summer programs). Code additional testing under item A above.

E. **Parenting/home education suggestions**—specific suggestions of activities or methods the parents can try with their child outside of the program.

F. **Contacting parent**—any discussion of how and by whom the parent will be contacted regarding the outcome of the placement meeting *IF PARENT(S) GUARDIAN(S) NOT PRESENT. CODE 8=NOT APPLICABLE IF PARENT(S) GUARDIAN(S) PRESENT.* Note that this "parent" item refers only to the child's biological/adoptive parent(s) or legal guardian(s).

## VI. Parent Closure (CODE 8=NOT APPLICABLE IF PARENT(S)/GUARDIAN(S) NOT PRESENT)

A. **Next steps in process**—*Code 1=Yes, 2=No* to indicate whether the next steps in the process are explained to the parents.

B. **Due process rights/appeal process** —Code one of the answer choices below to indicate whether or not this topic is addressed and in what manner:

**Answer Choices:**

**1=Mentioned—Are due process rights/the appeal process merely mentioned to the parents?**
**2=Explained—Are due process rights/the appeal process explained to the parents?**
**3=Written materials provided—Are the parents given written materials which discuss due process rights/the appeal process?**
**4=Mentioned and written materials provided—Do both items 1 and 3 above occur?**
**5=Explained and written materials provided—Do both items 2 and 3 above occur?**
**6=Not addressed—Are due process rights/the appeal process not even mentioned during the placement meeting?**

## VII. Forms/Paperwork

**Code: 1=Yes, 2=No** to answer the following questions:

A. Is the school district IEP reviewed with parents? (CODE 8=NOT APPLICABLE IF PARENT(S)/GUARDIAN(S) NOT PRESENT)

B. Is program IEP follow-up assigned? (i.e., is there any discussion of who will see that an IEP is developed by the child's program?)

## VIII. Other Notes of Interest

In this section indicate anything that occurred in the meeting that was not specifically coded that will help interpret the data that was coded.

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## CODE BOOKLET FOR PLACEMENT MEETING OBSERVATION SYSTEM

**SECTION** **CODES**

**I.B.&II.E.** **Position**

01=Audiologist/Hearing Impaired Specialist
02=Child being considered for placement
03=Educational Diagnostician
04=Father/Male Guardian
05=Mother/Female Guardian
06=Nurse
07=Occupational Therapist
08=Parent Advocate
09=Parent Attorney
10=Parent Surrogate/Substitute (Specify relationship to child on form.)
11=Physical Therapist
12=Physician
13=Placement Specialist
14=Program Director/Representative
15=Psychiatrist
16=Psychologist
17=School District Special Education Administrative Personnel
18=School District Elementary Education Administrative Personnel
19=School District Pupil Services Personnel
20=School District Transportation Personnel
21=School Principal
22=Social Worker/Protective Services Worker
23=Speech Therapist
24=Teacher, Regular
25=Teacher, Special Ed
26=Vision/Visually Handicapped Specialist
77=Other family member (Specify on form.)
88=Other (Specify on form.)
99=Position not specified/Information not available

**I.C.&IV. B.4.** **Agency/Program**

01=Child Find
02=Easter Seal Treatment Center
03=Head Start
04=Health Department
.=____________________
.=____________________
.=____________________
.=____________________
20=Other private program
21=Hospital/University
22=Private Diagnostician
23=Private Physician
24=Other assessment agency
66=Other (Specify on form.)
77=Not representing agency/program
88=Program undetermined/not specified (for IV.B.4)
99=Agency/Program not specified/not available (for I.C.)

**SECTION** **CODES**

IV.B.1. **Disability Code/Handicapping Condition**

01=Mentally Retarded
02=Hard of Hearing
03=Deaf
04=Speech/Language Impaired
05=Visually Handicapped
06=Seriously Emotionally Disturbed
07=Orthopedically Impaired
08=Other Health Impaired
09=Specific Learning Disability
10=Multiply Handicapped
11=Child in Need of Assessment
12=Deaf/Blind
88=Child determined not handicapped
99=Disability Code not specified

IV.B.2. **Level of Service**

1=Level I: The child is served in the general education program. Consultant services are provided to general education instructional staff.
2=Level II: The child is in a special program up to one hour per day. Services include specialized instruction, speech, physical, occupational therapy, etc.
3=Level III: The child is served in a program up to three hours a day. Services include those listed above.
4=Level IV: The child is served full-time in a special class which is housed in a general education building. Special Education programming is conducted in a self-contained classroom; therapies are provided as needed.
5=Level V: The child is served in a special center which serves only handicapped children. The program includes a range of services provided in a specially designed facility.
6=Level VI: The child is served in a residential program. This is a 24-hour program for severely handicapped students with a need for multiple services.
7=Level VII: The child is served at home or in a hospital. Itinerant instructional services are provided to children with physical disabilities or medical conditions which restrict them from attending a school-based program. The itinerant teacher serves as a resource to the parent in suggesting activities which would enhance the child's development.

9= No level of service specified; child determined not handicapped.

IV.B.3. **Related Services** —Definitions have been provided for those services where clarification may be necessary.

01=Audiological Evaluation (and services as needed)
02=Audiological Services/Interpretation for the Hearing Impaired
03=Medical Services for Diagnosis and Evaluation - services provided by a physician specifically to determine a child's medically related handicapping condition.
04=Occupational Therapy
05=Occupational Therapy Evaluation (and services as needed)
06=Parent Counseling/Training - parent counseling or training specifically regarding the child's special needs or information about child development.
07=Other Counseling Services - counseling services provided to the child (and his/her family) by social workers, psychologists, guidance counselors or other qualified personnel.
08=Physical Therapy
09=Physical Therapy Evaluation (and services as needed)
10=Psychiatric Consultation - services provided by psychiatrists directly to students or to teachers of those students.

**SECTION** **CODES**

11=Psychological/Educational Assessment - administering and interpreting psychological and educational tests and other assessment procedures (e.g., interviews, behavioral evaluations); consulting with teachers in planning programs to meet the child's special needs as indicated by these assessments.
12=Speech & Language Evaluation (and services as needed)
13=Speech Therapy
14=Transportation
15=Vision Assessment/Evaluation
16=Other Vision Services
77=Other (Specify on form.)
88=Related service(s) to be determined
99=No related service specified

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

**Appropriateness of Placement**
**Placement Office Interview**

**Office Use**

| | |
|---|---|
| Form Code: 555 | 1-3 |
| County Code: ______ | 4-5 |
| Position Code: ______ | 6-7 |
| Interviewer ID: ______ | 8-9 |
| Record No.: 1 | 10 |

Job Title of Person Being Interviewed: ____________________

Interviewer: ____________________

**Directions** [To Be Read]: The Maryland State Department of Education states that the Admissions, Review, and Dismissal Committee shall provide for the review of each child's progress within 60 days after initial placement. The questions that follow ask about the role of Placement Office personnel in the sixty-day review process for preschool handicapped children.

1. How many sixty-day reviews for preschool handicapped children have Placement Office personnel participated in this school year? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 11-13

IF THE ANSWER TO QUESTION 1 IS "ZERO," STOP THE INTERVIEW HERE.

2. Under what circumstances did the Placement Office participate in sixty-day reviews?

____________________

____________________

____________________

____________________

3. How many Placement Office staff participated in sixty-day reviews for preschool handicapped children this school year? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 14-15

4. For what percentage of the sixty-day reviews in which Placement Office personnel participated this school year, did more than one Placement Office member work on the same review? [FOR 100%, CODE 99.] . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 16-17

MCPS 068-9933C, revised 3/83

5. For what percentage of the sixty-day reviews in which the Placement Office participated this school year were each of the following professionals involved? [FOR 100%, CODE 99.]

Audiologist .................................................................... ______ 18-19
Child's parent or legal guardian ...................................................... ______ 20-21
Classroom Teacher ........................................................... ______ 22-23
Educational Diagnostician ........................................................... ______ 24-25
Nurse .................................................................... ______ 26-27
Occupational Therapist ........................................................... ______ 28-29
Parent Educator/Coordinator ........................................................... ______ 30-31
Physical Therapist ........................................................... ______ 32-33
Physician .................................................................... ______ 34-35
Program Director ........................................................... ______ 36-37
Psychiatrist .................................................................... ______ 38-39
Psychologist .................................................................... ______ 40-41
Social Worker .................................................................... ______ 42-43
Speech Therapist ........................................................... ______ 44-45
Vision Specialist ........................................................... ______ 46-47
Other (Specify: ______________________________ ) ______ 48-49
Other (Specify: ______________________________ ) ______ 50-51

6. For what percentage of the sixty-day reviews in which the Placement Office participated this school year, did its personnel perform the following activities? [FOR 100%, CODE 99.]

Observing child before the review ........................................ ______ 53-54
Reviewing reports of child's progress ........................................ ______ 55-56
Scheduling sixty-day reviews with program or county staff ........................ ______ 57-58
Notifying parents when a sixty-day review was to be held ........................ ______ 59-60
Conducting sixty-day review meetings with program or county staff ................ ______ 61-62
Monitoring (visiting or calling a program about child's progress/adjustment to new placements) ........................................ ______ 63-64
Documenting the results of the sixty-day review meeting ........................ ______ 65-66
Sending the results of a sixty-day review to parents who did not attend the meetings . ______ 67-68
Other (Specify: ______________________________ ) ______ 69-70
Other (Specify: ______________________________ ) ______ 71-72

Office Use 504 __________ 2 1-10

7. a. Of the sixty-day reviews in which Placement Office personnel participated this school year, for what percentage were formal meetings held? [FOR 100%, CODE 99.] ....... ______ 11-12

b. What percentage of these meetings were attended by parents ..................... ______ 13-14

8. In what percent of the sixty-day reviews in which Placement Office personnel participated this school year, were the following items considered? [FOR 100%, CODE 99.]

Appropriateness of placement ........................................ ______ 15-16
Type of related services needed ........................................ ______ 17-18
Amount of services needed ........................................ ______ 19-20
Appropriateness of IEP long-term goals ........................................ ______ 21-22
Appropriateness of IEP short-term objectives ........................................ ______ 23-24
Child's strengths and weaknesses ........................................ ______ 25-26
Child's test performance ........................................ ______ 27-28
Family problems/needs ........................................ ______ 29-30
Other (Specify: ______________________________________________) ______ 31-32

9. List some of the things that indicate to you that a child's placement may be inappropriate.

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

10. Is there a uniform set of written guidelines for determining if a child's placement is inappropriate? [1=YES, 2=NO] .................................................. ______ 33

IF YES, OBTAIN COPY OF GUIDELINES AND SKIP TO QUESTION 12.

IF NO, CONTINUE TO QUESTION 11.

11. If there are no written guidelines, how are decisions made regarding the appropriateness of the child's placement?

12. a. Of the sixty-day reviews in which the Placement Office personnel participated this school year (refer to Question 1), how many resulted in a recommendation that the child's placement be changed? [RIGHT JUSTIFY RESPONSE; CODE 999 FOR DON'T KNOW.] .................................................. ______ 34-36

b. In how many of these cases was the recommendation carried out? .................. ______ 37-39

13. a. Of the sixty-day reviews in which the Placement Office participated during the past school year, excluding those whose placements were changed, how many resulted in a recommendation for a change in the child's IEP? [RIGHT JUSTIFY RESPONSE; CODE 999 FOR DON'T KNOW.] .................................................. ______ 40-42

b. In how many of these cases was the recommendation carried out? .................. ______ 43-45

14. In addition to a change in placement or IEP, what other kinds of decisions or recommendations were made as a result of a sixty-day review?

15. Do you think sixty-day reviews serve a useful purpose? .............................. ______ 46

IF YES, WHY?

IF NO, WHY NOT?

16. What aspects of the sixty-day review process work well?

17. What recommendations do you have for other school districts or your own that could improve the sixty-day review process?

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## APPROPRIATENESS OF PLACEMENT
### Program Director Questionnaire

Name of Respondent: ____________________

Job Title of Respondent: ____________________

Program Name: ____________________

The purpose of this questionnaire is to obtain your views regarding the appropriateness of the placement recommendations for children referred to your program by the Admission, Review and Dismissal Committee. The phrase "appropriateness of placement" as it is used here refers to a good match between the child's age and ability with that of the other children in your program and between the services the child needs and the services your program offers.

Most of the questions are open-ended, i.e., you must write your answer to the questions in your own words. Some of the questions ask you to indicate the number of children who fall into certain categories and one question asks you to respond by choosing an answer from a list of possible choices.

Your candid reply to this questionnaire is needed to provide the Placement Office with information that will help them to improve their placement process. Your responses will be kept confidential.

Thank you for your time and cooperation.

## APPROPRIATENESS OF PLACEMENT
### Program Director Questionnaire

**Office Use**
Form Code: 1-3
Program Code: 4-5

1. a. How many children were placed in your program for the first time this school year by the Admission, Review and Dismissal Committee? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 6-8

   b. Of these children, approximately how many would you say were "appropriately" placed in your program? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 9-11

2. Please give a brief description (ability level, age, primary handicapping condition, educational needs, etc.) of the type(s) of children that you believe were *inappropriately* placed in your program?

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

3. Please explain why you believe these children were *inappropriately* placed in your program?

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

4. How satisfied are you with the ability of the placement committee to appropriately place children in your program? . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 12

**Answer Choices:**

**1=Very satisfied**
**2=Somewhat satisfied**
**3=Neither satisfied; nor dissatisfied**
**4=Somewhat dissatisfied**
**5=Very dissatisfied**

5. What suggestions do you have that would increase the ability of the Placement committee to appropriately place children in your program?

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

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**Montgomery County Public Schools**
**Rockville, Maryland**

## OVERVIEW OF PLACEMENT PROCESS
### Outline for Case Study

The purpose of this outline is to provide the evaluator with an organizational framework to integrate and summarize the various phases of the placement process into a complete picture for a given child. The information needed to compile a case study following this outline can be found by reviewing the student records and summarizing the data obtained from several of the questionnaires provided in the other subcomponents of the Placement Process Component. The source of information for the various categories on the outline are suggested parenthetically on the form.

## Case Study Outline

I. Child and Family Background (Source: student records)

- A. Date of birth
- B. Sex
- C. Race
- D. Number of siblings
- E. Birth order
- F. Description of parents (education, occupation, etc.)

II. Reason for Referral to Placement Office (Source: student records)

III. Chronology of Placement (Source: student records)

- A. When and what problems were first noted by parents.
- B. Dates and types of testing.
- C. Contacts with placement office.
- D. Date of placement meeting.
- E. Date of sixty-day review.

IV. Previous Educational Experience and Background (Source: student records)

| Date Began | Name of School | Type of School | Months in Attendance |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

V. Assessment History by Ability Area (Source: student records)

VI. Summary of Placement Meeting (Source: Placement Meeting Observation System, minutes of placement meeting)

- A. Date
- B. Participants
- C. Major concerns discussed
- D. IEP Goals
- E. Placement decision (handicapping condition/program/services/level)

VII. Parent Perspective of Placement Process (Source: Placement Meeting Parent Questionnaire)

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## Special Notes on the Instruments

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SUBCOMPONENT: Intake Review Process

### Intake Review Process, Placement Office Interview

Before you use this instrument be sure to read Description of the Different Types of Instruments in the Appendices. This will point out some of the characteristics of interviews you will need to know in order to use this instrument effectively. You should also scan the Annotated Bibliography for additional references.

Questions 1, 2, 8 - 10, 12, 13, 16, and 19. If you use a computer, the answers to these questions need to be right justified (refer to Data Processing in Managing Data).

You do not need access to a computer to use this instrument.

*****

SUBCOMPONENT: Placement Meeting

### Placement Meeting, Parent Questionnaire

You need to give special thought to when you should ask parents to complete this questionnaire. In the table (yellow pages), When to Use the Instruments, we suggest that this be given to parents shortly after the child placement meeting. The longer you wait, the more parents may forget what exactly was discussed at the meeting. You might want to consider giving the questionnaire to the parent immediately after the meeting and asking them to return it within one week.

Access to a computer is not necessary to use this instrument.

### Placement Meeting, Observation System

Be sure to read the directions for using this instrument very carefully. You can decide to eliminate or change some of the directions; the important thing is to be consistent with using the decisions you make.

Descriptive Information on Participants. The list of possible positions represented at the placement meeting is intended to be comprehensive; other positions/titles who frequently attend placement meetings may be added to or substituted in the list given.

The meetings observed in the field testing of this instrument seldom involved more than 12 participants. If larger meetings regularly occur in the meetings you observe, additional space to code the position, agency/program affiliation, and input of these additional participants may be added to the observation form.

Procedures. Items A-D of this section usually occur only if the parents are present at the placement meeting. If there is interest in these items regardless of parent presence at the meeting, the 8 = not applicable code should not be used.

Discussion Before and After the Placement Decision. The before/after distinction is included to document the issues which are mentioned before the placement decision is made; the implication is that these issues entered into the decision. If the point during the meeting at which the decision is made is not clear (e.g. when the placement decision is reached by informal consensus), the before/after distinction could be eliminated and the observer would only code whether or not these issues were mentioned at any time during the placement meeting.

Functioning of the Child. It would be desirable to code these items not only as to whether or not they were mentioned, but also as to whether they were considered a deficit or strength of the child. However, field testing indicated that in a fast-paced placement discussion, this required the observer to make too many decisions during the course of the discussion. Information about areas of strength and weakness may be more easily obtained through record reviews.

General Parent Concerns/Questions Expressed. The discussion of general parent concerns/questions may not influence the placement decision, but field-testing revealed that such discussion frequently occurs during the placement meeting. Consequently, we believed that whether such concerns are raised and addressed during the meeting is important in accurately describing the content of the meeting and so we included it in the observation system.

Specific to the Placement Decision/Recommendation. Field testing revealed a number of variations regarding how related services are handled. In some cases, related services are not specified as separate from the program placement because they are considered part of the program; in such cases they are not coded separately. In other cases, the related services are not specified in the final placement vote/consensus but are mentioned afterwards to be specified on the child's IEP. This circumstance is covered by item D.3., "related services not specified in vote/consensus."

Finally, when insufficient assessment information is available, some school districts will specify evaluation in a particular area and services as needed. This possibility has been included as a separate related service code for each relevant area of service or therapy. The related service items could be modified according to how a particular district handles these issues.

Is the child currently being served by (the same) special education service provider/agency as the one decided upon/recommended by the Placement Team? Despite the observation system's primary application to initial placement meetings, this item was included because we observed that some children are placed in preschool special education programs on a diagnostic basis prior to the initial placement meeting. If this never occurs in your school district, this item could be eliminated.

*Forms/Paperwork*. An IEP may be partially completed during the placement meeting or it may be left to be completed at a later meeting between the parents and program staff. Regardless of when the IEP is completed, any work on the IEP during the placement meeting could be recorded as part of the observation system. Field testing indicated, however, that it is extremely awkward and obtrusive to observe the completion of a child's IEP during or at the end of the placement meeting. This probably can be done more efficiently by reviewing the IEP as part of the child's records after the placement meeting. Consequently, an assessment of the IEP's completion during the placement meeting has not been included as part of this observation system.

Access to a computer would greatly facilitate summarizing the data collected using this instrument. However, it is not essential to its use, particularly if you will only be using it to observe a small sample of meetings or if you are interested in using it in conjunction with the case study outlined in the Overview of Placement Process subcomponent.

*****

SUBCOMPONENT: Appropriateness of Placement

Appropriateness of Placement, Placement Office Interview

Before you use this instrument be sure to read Description of the Different Types of Instruments in Appendix C. This will point out some of the characteristics of interviews that you should know in order to use this instrument effectively. You should also scan Appendix B, Annotated Bibliography for additional references.

*Questions 1, 3 - 8, 12, and 13*. If you use a computer, the answers to these questions need to be right justified (refer to Data Processing in Managing Data).

Access to a computer is not necessary to use this instrument.

Appropriateness of Placement, Program Director Questionnaire

You do not need a computer to summarize the results of this questionnaire.

*****

SUBCOMPONENT: Overview of Placement Process, Case Study Outline

The use of this outline requires the review of student files and the use of some of the instruments developed in the other Placement Process subcomponents (Placement Meeting, Parent Questionnaire and Placement Meeting, Observation System).

An example of a case study is included in Appendix H, Sample Summary Reports.

## COMPONENT: Program Effectiveness

Description of Subcomponents
Chart of Data Collection Instruments
Evaluation Study Questions
When To Use the Data Collection Instruments
Data Collection Instruments
Special Notes on the Instruments

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## Description of Subcomponents

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The Changes in the Child subcomponent offers suggestions as to how an assessment instrument for preschool handicapped should be selected. Concerns with testing this population and issues in interpreting test results will be discussed.

*****

The Changes in Family subcomponent examines family characteristics, interrelationships and activities that might possibly be affected when a handicapped child is provided with special educational services.

*****

The Service Delivery subcomponent focuses on two aspects of the services delivered to children: how much time is scheduled for the child to receive various educational services and how satisfied are parents with the services their child receives.

*****

The Services to Parents subcomponent contains instrumentation to evaluate the amount, quality, and type of services a program makes available to the parents of the children it serves.

*****

The Staff/Student Descriptive Information subcomponent provides instrumentation that allows the collection of background information on staff and students.

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**COMPONENT: Program Effectiveness**

**Instruments**

| | Subcomponents | | | | |
|---|---|---|---|---|---|
| | Changes in the Child* | Changes in the Family | Service Delivery | Services to Parents | Descriptive Information |
| Staff Questionnaire | | | | | X |
| Teacher Questionnaire | X | | X | | |
| Parent Educator/ Coordinator Questionnaire | | X | | X | |
| Parent Questionnaire | X | X | X | X | |
| Child Assessment | X | | | | |
| Record Review | | | | | X |
| Observation System | | | X | | |

* Instruments are not provided for this subcomponent; instead guidelines for selection of assessment instruments are discussed in the Data Collection Instruments section.

**COMPONENT:** Program Effectiveness
**SUBCOMPONENT:** Changes in the Child

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. During the course of the program year did the child show gains in the following areas:<br>a. speech and language/oral motor<br>b. gross and fine motor,<br>c. pre-academic/readiness skills<br>d. cognitive ability/problem-solving skills,<br>e. self-help skills,<br>f. social/emotional/behavioral functioning? | Assessment Instrument(s) |
| 2. To what extent were the following related to the gains the child made while in the program: | Assessment Instrument(s) |
| a. child characteristics (age, sex, race, socioeconomic status, amount of prior educational experience, age when intervention began, number of siblings, etc.); | Student/Family Descriptive Information, Record Review |
| b. program characteristics (e.g., number and type of services received, amount of time child actually attended program, staff characteristics, etc.); | Service Delivery, Teacher Questionnaire<br>Personnel Descriptive Information, Staff Questionnaire |
| c. amount of parent participation (attendance at program activities); | Services to Parents, Parent Educator Questionnaire |
| d. program activities? | Child and Classroom Activity, Classroom Observation System |

**COMPONENT:** Program Effectiveness
**SUBCOMPONENT:** Changes in the Family

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. During the time that the child was provided with special education, was there a change in any of the following family characteristics:<br>a. parent employment status,<br>b. parent occupation,<br>c. frequency of parent social activities,<br>d. nature of the relationships between various family members and handicapped child? | Family Characteristics, Parent Questionnaire, Form I and Form II |
| 2. What is the perception of program staff of the changes that occurred in the following parent attitudes and behaviors:<br>a. confidence in parental role,<br>b. perception of self as causal agent in child's life,<br>c. acceptance of the child,<br>d. parent involvement in the the program,<br>e. the type of interactions between the parent and child, and<br>f. the stability of the family? | Family Characteristics, Parent Educator/Coordinator Questionnaire |

**COMPONENT: Program Effectiveness**
**SUBCOMPONENT: Service Delivery**

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. Are parents aware of the amount of the various services their child receives? | Service Delivery, Parent Questionnaire |
| 2. Are parents satisfied with the amount and quality of the services their child receives? | Service Delivery, Parent Questionnaire |
| 3. What suggestions do parents have for improving services for their child? | Service Delivery, Parent Questionnaire |
| 4. How much time is scheduled for the child to receive each of the following services:<br>a. speech therapy,<br>b. physical therapy,<br>c. occupational therapy,<br>d. behavior management/counseling,<br>e. total educational program, and<br>f. home visits? | Service Delivery, Teacher Questionnaire |
| 5. In what activities do preschoolers engage in their special education program?<br>a. How frequently do they participate in language, math, arts/crafts, dramatic play, active/outdoor play, etc.?<br>b. What is the nature of the child's participation in this activities (unoccupied/off task, passively participating, actively participating or disruptive)?<br>c. Does the child engage in these activities by him/herself or with other children?<br>d. How frequently do adults interact with the child? | Child and Classroom Activity, Classroom Observation System |

**COMPONENT: Program Effectiveness**
**SUBCOMPONENT: Services to Parents**

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. What services do programs serving preschool handicapped children offer to parents? | Services to Parents, Parent Educator/Coordinator Questionnaire |
| 2. Are parents aware of the services their child's program offers to parents? | Services to Parents, Parent Questionnaire |
| 3. How satisfied are parents with the services offer to them? | Services to Parents, Parent Questionnaire |
| 4. Which services do parents like best/least? | Services to Parents, Parent Questionnaire |
| 5. What suggestions do parents have to improve services offered to them? | Services to Parents, Parent Questionnaire |
| 6. What percentage of parents in the program actually use these services? | Services to Parents, Parent Educator/Coordinator Questionnaire |

**COMPONENT: Program Effectiveness**
**SUBCOMPONENT: Staff/Student Description Information**

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. What are the characteristics of the staff who provide services to preschool handicapped children with regard to their:<br>a. role in the program,<br>b. educational background,<br>c. areas of certification, and<br>d. years of experience? | Personnel Descriptive Information, Staff Questionnaire |
| 2. What are the following characteristics of the children/families who are being served in preschool programs for the handicapped:<br>a. child's age, sex, race,<br>b. child's previous and current disability status,<br>c. child's area of indicated need,<br>d. dates of child's placement meeting, program entry, 60 day and annual reviews,<br>e. family living arrangements,<br>f. family socioeconomic status,<br>g. parent education and age,<br>h. number of siblings,<br>i. primary language of child and home,<br>j. child's developmental and medical status, and<br>k. child's prior education enrollments? | Student/Family Descriptive Information, Record Review |

COMPONENT: **Program Effectiveness**

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## When to Use the Instruments

---

### SUBCOMPONENT: Changes in the Child

| Instrument | When to Use |
|---|---|
| Assessment Instrument(s) | Beginning of each school year or at entry to program and the end of each school year. |

*****

### SUBCOMPONENT: Changes in the Family

| Instrument | When to Use |
|---|---|
| Family Characteristics, Parent Educator/Coordinator Questionnaire | Beginning and end of each school year or at entry to program and the end of each school year. |
| Family Characteristics, Parent Questionnaire, Form I | At child's entry to program. |
| Family Characteristics, Parent Questionnaire, Form II | At the end of the school year. |

*****

### SUBCOMPONENT: Service Delivery

| Instrument | When to Use |
|---|---|
| Service Delivery, Teacher Questionnaire | At the beginning of the school year and whenever scheduling changes occur or at the beginning of the school year and weekly/monthly. |
| Service Delivery, Parent Questionnaire | Toward the end of the school year (e.g., April or May) or after a child is in a program for a certain period of time (e.g., after six months). |
| Child and Classroom Activity Classroom Observation | Refer to Data Collection in the Managing Data section. |

continued

COMPONENT: Program Effectiveness

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## When to Use the Instruments (continued)

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SUBCOMPONENT: Services to Parents

| Instrument | When to Use |
|---|---|
| Services to Parents, Parent Educator/Coordinator Questionnaire | Toward the end of the school year. |
| Services to Parents, Parent Questionnaire | Toward the end of the school year. |

*****

SUBCOMPONENT: Staff/Student Descriptive Information

| Instrument | When to Use |
|---|---|
| Personnel Descriptive Information, Staff Questionnaire | Any time during the school year. |
| Student/Family Descriptive Information, Record Review | Any time during the school year. |

---

COMPONENT: Program Effectiveness

## Data Collection Instruments

**Examining CHANGES IN THE CHILD can be one of the most important aspects of determining program effectiveness. Measuring changes in the child can also be one of the most difficult areas of evaluation to undertake because of some methodological problems associated with testing handicapped preschoolers. This special section has been prepared to alert the potential evaluator to some of the considerations involved in undertaking an evaluation of changes in the child.**

*****

## CHANGES IN THE CHILD

A question of great interest in evaluations of programs for handicapped preschoolers is

- During the course of the project year, did the child show gains?

In the best of all possible worlds, one would have the following available to answer that question:

- a group of handicapped preschoolers who have been properly diagnosed and have been randomly selected to begin receiving services for the first time,
- a group of handicapped preschoolers who have been randomly selected not to receive services,
- an assessment instrument which
    - measures several different developmental areas,
    - covers an age range from birth to at least age six and preferably even higher (so that all children can be assessed with the same test and so that the same test can be used before and after the children receive services),
    - has been carefully developed and standardized in its format so that questions are consistently administered and consistently scored,
    - is not biased against any particular handicapped group in its items and includes adaptations for the handicapped where necessary,
    - is not biased against racial or ethnic groups,
    - does not contain items which imply girls should behave in one way and boys should behave in another way, and is not biased by sex,
    - includes a sufficient number of items in each of the areas measured and at each of the age levels to provide an accurate picture of the child's functioning and to be

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    - an accurate picture of the child's functioning and to be sensitive to even small changes over time,
    - does not require highly trained (and expensive) personnel to administer,
    - does not require an inordinate amount of time to administer,
    - includes information on the performance of large numbers of children of different ages on the test (or, in more technical terms, the tests should include adequate normative data),
    - gives scores which can be converted to age-equivalents (for example, a score of 2 years, 1 month in gross motor),

- information on the type, quantity and quality of the service each child received.

Once you have assembled the necessary ingredients, you are ready to conduct the perfect evaluation. Assess both groups of children before the program group begins to receive services (pretest scores). Assess them again with the same test at the end of the program year (posttest scores). Compare the pre- and posttest scores for the two groups. To obtain even more information, relate the scores to the type and amount of services each of the children received. By analyzing gains with respect to services, you can answer questions such as whether or not the children who received the most speech therapy made the greatest gains in this area.

## Selecting a Test

Selection of a test (or tests) to be used to record child growth over the course of the program year is an extremely important decision. While there are numerous tests available for preschool children, no one test is likely to be perfect for your purposes. Given you can't find a test which meets all the criteria listed above, decisions will need to be made as to which criteria are the most essential and which can be traded off with the least damage to your evaluation. We are not recommending any particular instrument because we feel this choice is most appropriately made by the evaluator who will know the population to be tested and the resources available for testing.

To help in making that decision, we will briefly relay some of our experiences in collecting data on "changes in the child" as part of this project. The four instruments used by the project during the pilot work were:

- Minnesota Child Development Inventory
- Developmental Profile II
- System Fore
- Manual for the Assessment of a Deaf-Blind Multiply Handicapped Child

The Minnesota Child Development Inventory was included because it is a parent-completed instrument which measures a child's functioning in several different areas. The Developmental Profile II also measures several areas of development. It covers an age range from birth to beyond the preschool years and can be completed in a short amount of time. For our pilot evaluation, we asked the teachers to complete Developmental Profiles on the children. The System Fore, a speech assessment, was included because such a high percentage of the children had speech and language problems and because we felt the need for more detailed information about their functioning in this area. This assessment was administered by staff of the evaluation project to each child individually. Lastly, the Manual for the Assessment of a Deaf-Blind Multiply-Handicapped was completed by the teachers of the lowest functioning children. This assessment was included because we felt the other instruments did not have enough items to capture the progress of these children.

Criterion-referenced or Norm-referenced Test? The former two tests are norm-referenced instruments which means that a child's performance can be scored and compared to how the "average" child of that age did on the test. The latter two tests are criterion-referenced tests. The testing provides information about what the child can and cannot do but the results can only be reported as a number or percent of items correct. This number has no real meaning apart from the test. Saying a four-year-old performed like a two-year-old communicates information about the severity of the child's problem. Saying a child was able to do 25% of the items doesn't say much of anything unless you are familiar with exactly what is on the test.

Criterion-referenced tests do present some advantages when looking for a test to use with handicapped children because the administration of the test can generally be a little more flexible. They are also well-suited to developing goals for an IEP. If you do choose to use a criterion-referenced test as part of your evaluation, you will need a way to summarize the results. A meaningful way to do this is by selecting several critical items and reporting the percentage of children who passed these items at the pre- and the posttest.

For example,

| | Percentage who passed item | |
|---|---|---|
| Item | September | May |
| Uses cup with little spilling | 25 | 45 |
| Can follow one-part directions | 10 | 20 |
| Uses two-word expressions | 0 | 5 |

The selection of the type of test is again a decision best made by the evaluator. Some criterion-referenced tests may already be used by the program staff on a regular basis since many developmental checklist are of this type. Using already existing data eliminates the need for additional testing. Our recommendation, based on our experiences in trying to summarize the information from criterion-referenced tests and in trying to communicate it in some succinct fashion, would be that, whenever possible, try to select a test which is norm-referenced and gives an age-equivalent score.

How Many Tests. We selected four instruments because they each served a unique purpose within the design of the evaluation (to get information from parents, to get more information about speech and language, etc.) There are no rules as to what is the correct number of tests to administer for an evaluation. If one test will accomplish everything you want to accomplish or if one test is all you have the money or time to administer, so be it.

One approach sometimes used in selecting a test is to "pair" tests so that one test covers one end of the age range and another test covers the other. For example, the McCarthey Scales of Children's Abilities which is for children from two-and-a-half to eight-and-a-half is sometimes paired with the Bayley Scales of Infant Development. Using this approach, every child in the program would be tested with one or the other test to provide an indicator of general intellectual functioning. There are several problems with this. We don't really know how comparable scores on different test are even if the tests claim to be measuring the same things. Furthermore, when children progress "out of" one test and "into" another during the program year, it is very difficult to draw any conclusions about how much growth the child has shown.

Clearly, the solution to this problem is to use a test which covers the age range (and developmental range) of the children to be evaluated. This is easier said than done. For instance, we were unsuccessful in our efforts to locate an adequate speech and language test which spanned from infancy through age seven. New tests, however, are being published all the time. Also, if the children who are to be in your evaluation are somewhat close in age and/or abilities, then your search will be easier because you can select a test with a more restricted age range.

How to Evaluate a Test. Some possible criteria to be used in selecting a test were presented in the introduction to this discussion on measuring changes in the child. Our experience with the Minnesota Child Development Inventory was that it is a useful instrument for many children and that parents could and would complete it. It also presents scores in a nice chart form showing developmental age and actual age which makes communicating and interpreting results easy. Three serious problems with the test are that (1) it does not extend down to infancy, (2) it does not have sufficient items in some of the developmental areas after age 48 months to give a reliable assessment, and (3) it contains some items which are inappropriate for certain handicaps. (One mother called to note that it was absurd to ask her to complete an item about her blind child's color recognition.)

The Developmental Profile II which we asked teachers to complete has numerous strengths. It gives an age-equivalent score in a number of different developmental areas. It covers a broad age range and it doesn't take much time to complete. It doesn't take much time because it has very few items at each of the age breakdowns -- which is its weakness. The prospects of documenting change with this test for children who show only small increments of progress are not good.

The purpose of these mini-reviews was not to recommend or discourage use of any particular test. Rather it was to point out the kinds of considerations that need to be part of the decision-making. There may not be one ideal test to be used in conducting an evaluation. The evaluator must weigh the strengths and weaknesses of what's available and go with what's best. There are several references on assessment instruments in the annotated bibliography in the appendix which may help with your search.

**The Effect of Age versus the Effect of Being in a Program**

If the preceding discussion hasn't already convinced you that doing a perfect evaluation of changes in the child will be difficult, the following discussion should do the trick. Unfortunately (or fortunately, for preschool handicapped children in Maryland), the perfect evaluation will never be. It is immoral as well as illegal to withhold services from any handicapped child. It is impossible, therefore, to do an evaluation which includes an appropriate comparison group of children who are not receiving services. Without such a group, statements about the effect of the program on the child's developmental level must always be made with caution.

The comparison group in a program evaluation functions as a yardstick against which one can measure program effects. For the great majority of preschool children, any two assessments performed nine months apart will show higher scores on the second assessment. When children have been randomly assigned to groups and only one group gets a program, differences found later between the groups can be unequivocally attributed to participation in the program. While the scores for both groups will be higher than they were at the pretest, the program group's scores should exceed the other group's scores at the posttest.

Without a comparison group, there are several alternative courses of action one can follow to try to determine if the gains shown by the children receiving services exceed the natural gains they would have made without such services:

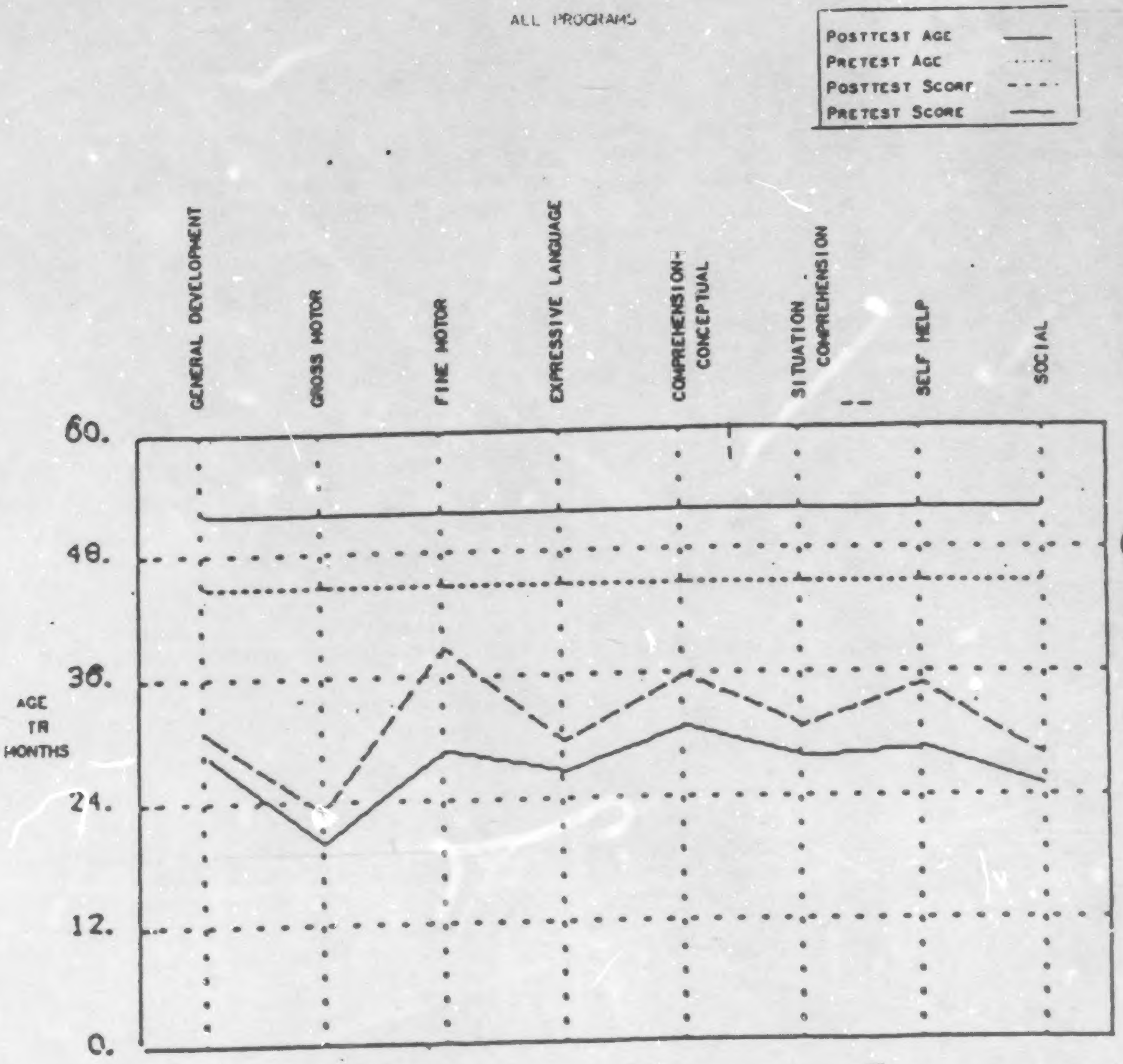
- Compare pre- and posttest scores with the expected scores based on the children's ages
- Project posttest scores based on pretest scores
- Use multiple regression

The first approach involves **comparing the pre- and posttest scores for the children in the program with the expected scores for children their age.** This comparisons is particularly easy if the test gives an age-equivalent score. For example, a raw score of 48 might convert to an age-equivalent of 3 years, 4 months which means that an "average" child of 3 years, 4 months would be expected to score roughly 48. With age-equivalents, one can ask whether the handicapped children made gains over the course of the year at the same rate of growth as non-handicapped children. For example, did the children make nine months growth in nine months time?

Such a comparison is illustrated in the graph on the following page. These data were collected as part of the pilot data for this project. When working with age-equivalents, it is better to compute average scores using the raw score or a scaled score and then convert to the age equivalent to present the data in a table or graph.

MINNESOTA CHILD DEVELOPMENT INVENTORY
(DEVELOPMENTAL AGE)

(N = [illegible])
AVERAGE FOR
ALL PROGRAMS



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One problem with this approach is that while nine months growth in nine months time for a handicapped child would probably be perceived by most people as success, what does one say about six months of growth or even three months of growth over nine months? Does three months of growth mean the program is not effective? Three months of growth for a severely handicapped child might be beyond anyone's wildest dreams. The fact that there are no widely accepted expectations for different groups of handicapped children makes recognizing an "effective program" difficult.

A second problem is that the validity of statements about X amount of growth in X amount of time for non-handicapped children is highly dependent on the quality and quantity of the "norm" data available with the test. Test developers derive their information about how a given raw score converts to an age-equivalent score by administering the test to a sample of children. If the data used to develop the norms represent only a small number of children or the children are not like the children in your area, then you won't really know how much growth any child should be expected to show on that test over a given period of time.

A **second approach** to determining how much growth is enough growth is **to project the posttest score based on the pretest score.** This projection is done by reasoning that a rate of growth is equal to what the child has achieved divided by the amount of time it took to achieve it. This rate multiplied by another time segment should tell you how much the child will achieve during that time.

For example, if a 48-month old child scored 27 months on a test of receptive language, one could project that 8 months later when the child will be 54 months, the child will score 32.

This projection is calculated in the following way:

1) Rate of growth = $\frac{\text{Child's score}}{\text{Child's age}}$

2) Expected growth = Rate of growth x Amount of time between pre- and posttest

3) Expected score at posttest = Pretest score + Expected growth between pre- and posttest

or

1) Rate of growth = $\frac{27}{48}$

2) Expected growth = $\frac{27}{48} \times 8 = 4.5$

3) Expected score = 27 + 4.5 = 31.5 (round to 32)

If the child's score at the posttest exceeds the expected score, then it can be argued that the program positively altered the child's rate of growth because the child changed more in the time period than he or she would have been expected to change.

This validity of this approach to the problem of no comparison group is also highly dependent on the adequacy of the test being used. Furthermore, it assumes that growth proceeds at the same, steady pace throughout the preschool years. In fact, we know this is not the case. Some children seem to change in a pattern that more closely resembles a landscape of steep hills with plateaus rather than a steadily inclining slope.

A **third approach** to determining the expected posttest score is through the use of a statistical technique called **multiple regression**. By constructing a regression equation, the evaluator can also incorporate information about family background variables and the amount of service to ask questions about which children show the most gain in various types of programs. Explaining multiple regression is beyond the scope of this document, but the interested reader is referred to the annotated bibliography for more information. Any kind of regression analysis will require access to a computer.

Selecting an approach. While the lack of a comparison group does present some problems, this should not discourage anyone from collecting beginning- and end-of-year assessment data on children in programs. Even though interpretations must be made cautiously, assessment data on children's status and progress is far better evidence for documenting program effectiveness than no data at all. Select one of the three approaches to analyzing and interpreting the data described above based on what makes the most sense to you and what you have the resources to do. There are also other useful approaches or you may develop a new one. At a minimum, you can always present average pre- and posttest scores which will at least show you how much better your children are doing. In sum, we would encourage those who are undertaking an examination of changes in the child to be aware of the problems but to move confidently beyond the problems to collecting the information that is so desperately needed to show the effect of all the good work being done with young handicapped children.

Preschool Evaluation Project
Montgomery County Public Schools
Rockville, Maryland

## FAMILY CHARACTERISTICS
Parent Educator/Coordinator Questionnaire

Program Name: ______________________________

Name of Person Completing Form: ______________________________

The purpose of this questionnaire is to determine if any changes have taken place in parent attitudes/behavior or family characteristics during this past school year. This questionnaire asks you to rate changes in some characteristics of the parents and families of the children in your program.

**Directions:** To respond to this questionnaire, you need to complete the attached chart according to the directions given below.

A. **ID.** Listed in Column A are the ID numbers of the children who are being served in several classrooms in your program. A master list is attached which links each child's name with an ID number in Column A. Use this list to complete the chart. Destroy the list after you have supplied all the information. Column A has been divided into two parts so that questions can be answered for both the mother and father of the child being served in your program. Identify a child's mother or father according to the following guidelines:

(1) If a child is living with both of his or her biological, adoptive, or foster parents, consider them as the mother and father and record answers for both parents.
(2) If a child is living with only one of his or her biological, adoptive, or foster parents, but the "absent" parent is actively involved in parenting the child, record answers for both parents.
(3) If a child is living with only one of his or her biological, adoptive, or foster parents, and the "absent" parent is not actively involved in parenting the child, record "7," meaning "Not applicable," for the absent parent. However, if the absent parent's role has been assumed by a new male or female head-of-household with whom the child is presently living, record answers for this adult.

TO ANSWER ITEMS B THROUGH G, PLEASE USE THE FOLLOWING ANSWER CHOICES.

**Answer Choices:**

1=Demonstration of this quality/behavior much better.
2=Demonstration of this quality/behavior slightly better.
3=No change; demonstration of this quality/behavior continues to be good.
4=No change; demonstration of this quality/behavior could be better.
5=Demonstration of this quality/behavior slightly less.
6=Demonstration of this quality/behavior is considerably less.
7=Not applicable; parent absent from the family.
8=Do not know parent well enough to respond to question.

B. **Confidence.** In Column B write the number of the answer choice which best describes the type of change you have observed in each parent in terms of the confidence he or she exhibits in his/her role as a parent. Confidence refers to the parent's belief that he/she is capable of meeting his/her child's needs.

C. **Causation.** In Column C write the number of the answer choice which best describes the type of change you have observed in each parent in terms of his or her perception that he or she can influence their child's behavior. Causation refers to the parents belief that he/she can have an impact on his/her child's behavior and feelings.

D. **Acceptance.** In Column D write the number of the answer choice which best describes the type of change you have observed in each parent with respect to his or her acceptance of the child. Acceptance involves parental recognition of the child's problems and subsequent acceptance of the child's behavior, feelings, limitations, etc.

E. **Degree of Parent Involvement.** In Column E write the number of the answer choice which best describes the type of change you have observed in each parent with respect to his or her participation in various aspects of your program. Consider parental involvement in program activities, meetings, program functions and general communication with program staff.

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F. **Parent's Interactions with Handicapped Child.** In Column F write the number of the answer choice which best describes the type of change you have observed in each parent with respect to the way he/she interacts in a positive manner with his/her child.

G. **Family Stability.** In Column G write the number of the answer choice which best describes the type of change you have observed in the child's family with respect to its stability. Stability refers to an acceptance of one's life situation such as coping with the demands of having a handicapped child and dealing with stress. It also refers to a family with a strong marital relationship.

H. **Stability Rating.** Using the scale of 1 to 7 below, rate the stability of the family. Rate as low a family that has had a great deal of upset in their day-to-day schedule or whose members are having difficulty accepting their life situation. A family's stability would be low if a family member has difficulty in coping with the demands of having a handicapped child, is unable to deal with stress, is abusive toward the child, or is experiencing marital problems. Rate as high a family whose members are able to cope with the demands of having a handicapped child, are able to deal with stress, and who appear to have a strong marital relationship.

**Scale**

| Low | | | | | | High |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

### MASTER LIST
### Parent Educator/Coordinator Questionnaire

| | ID | Child's Name |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |
| 16. | | |
| 17. | | |
| 18. | | |

## FAMILY CHARACTERISTICS
Parent Educator/Coordinator Questionnaire

**Office Use**

Form Code: 405 1-3
Program ID: ______ 4-5
Staff ID: ______ 9-10

| A | | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|
| ID | | Confidence | Causation | Acceptance | Parent Involvement | Parent Interaction | Family Stability | Stability Rating |
| 6 7 8 | 9-13 | | | | | | 20 | 21 |
| | Mother | | | | | | | |
| 1. / / | 14-18<br>Father | | | | | | | |
| | Mother | | | | | | | |
| 2. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 3. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 4. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 5. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 6. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 7. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 8. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 9. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 10. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 11. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 12. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 13. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 14. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 15. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 16. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 17. / / | Father | | | | | | | |
| | Mother | | | | | | | |
| 18. / / | Father | | | | | | | |

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

**FAMILY CHARACTERISTICS**
**Parent Questionnaire—Form I**

Name of Parent Completing Form: ______________________________

Program Name: ______________________________

Sometimes placing a child with special needs in a program to receive educational services not only has an effect on the child, but it may also have an effect on the child's family. This effect may be seen in many different ways; for example, the type of activities in which family members engage may change, or the child's mother may take a job outside of the home. This questionnaire will ask about different family activities to try to determine if and how your family may have been affected by enrolling your child with special needs into an education program.

**Directions:** To answer most of the questions you will be asked to write a number in a space next to each question. In this questionnaire, your child, ______________________, will be referred to as the "program child" in order to distinguish him or her from other children you may have.

**Example:**

THE FOLLOWING QUESTIONS REFER TO YOUR PRESENT FAMILY SITUATION.

1. a. Is the female head-of-household (HOH) currently __2__

**Answer Choices:**

**1=Not employed?**
**2=Employed part-time?**
**3=Employed full-time?**
**4=There is no female HOH.**

b. If working, what is her occupation? __NURSE__

An answer choice of "2" to question 1.a. means that at the present time the female head-of-household is working part-time and the response to question 1.b. means that she is working as a nurse.

Your answers will be coded to an identification number (ID). All answers will be kept strictly confidential.

Thank you very much for your help. At the end of the school year we will be sending you another questionnaire like this to answer.

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**FAMILY CHARACTERISTICS**
**Parent Questionnaire—Form I**

**Office Use**

| | |
|---|---|
| Form Code: 605 | 1-3 |
| Program ID: ______ | 4-5 |
| Parent ID: ______ | 6-8 |
| | 9 blank |

THE FOLLOWING QUESTIONS REFER TO YOUR PRESENT FAMILY SITUATION.
Write the number of your answer choices in the space to the right.

1. a. Is the female head-of-household (HOH) currently .................................... ______ 10

**Answer Choices:**

**1=Not employed?**
**2=Employed part-time?**
**3=Employed full-time?**
**4=There is no female HOH.**

b. If working, what is her occupation? ______________________________

2. a. Is the male head-of-household (HOH) currently .................................... ______ 12

**Answer Choices:**

**1=Not employed?**
**2=Employed part-time?**
**3=Employed full-time?**
**4=There is no male HOH.**

b. If working, what is his occupation? ______________________________

3. Use the answer choices below to answer the following questions.

**Answer Choices:**

**1=Several times a week**
**2=Once a week**
**3=Once every two weeks**
**4=Once a month**
**5=Less than once a month**
**6=Never**
**7=Not applicable**

About how frequently:

do adults in your household go out together socially? .................................... ______ 14

do adults in your household spend time together with other adult friends? ............ ______ 15

does your family go out together socially (for lunch, dinner, movie, visit friends, etc.)? . ______ 16

4. What are the birthdate and sex of your other children? Do not include information on the "program child?" If you have no other children write 9's in the spaces in the chart. Also, if you do not have as many children as there are spaces provided, write 9's in the blank spaces. If you have more than 5 other children, please write the information for these additional children on the back of the questionnaire's cover sheet.

| Other Children | Birthdate | Sex [1=Male; 2=Female] | |
|---|---|---|---|
| Child 1 | ________ | ____________ | 17-20 |
| Child 2 | ________ | ____________ | 21-24 |
| Child 3 | ________ | ____________ | 25-28 |
| Child 4 | ________ | ____________ | 29-32 |
| Child 5 | ________ | ____________ | 33-36 |

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5. Use the answer choices below to answer the following questions for each of your other children. If you have more than 5 children, please write the information for these additional children below the chart or on the back of the questionnaire's cover sheet.

**Answer Choices:**

1=Several times a day
2=Once a day
3=Several times a week
4=Once a week
5=Less than once a week
8=Not applicable
9=No other children in family

About how frequently:

| | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 | |
|---|---|---|---|---|---|---|
| does this child bring his/her friends home? | ______ | ______ | ______ | ______ | ______ | 37-41 |
| does this child play with the program child? | ______ | ______ | ______ | ______ | ______ | 42-46 |
| does this child take care of the program child? | ______ | ______ | ______ | ______ | ______ | 47-51 |

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Preschool Evaluation Project
Montgomery County Public Schools
Rockville, Maryland

## FAMILY CHARACTERISTICS
Parent Questionnaire—Form II

Name of Parent Completing Form: ______________________________

Program Name: ______________________________

Sometimes placing a child with special needs in a program to receive educational services not only has an effect on the child, but it may also have an effect on the child's family. This effect may be seen in many different ways; for example, the type of activities in which family members engage may change, or the child's mother may take a job outside of the home. This questionnaire will ask about different family activities to try to determine if and how your family may have been affected by enrolling your child with special needs into an education program.

**Directions:** To answer most of the questions you will be asked to write a number in a space next to each question. In this questionnaire, your child, ______________________, will be referred to as the "program child" in order to distinguish him or her from other children you may have.

**Example:**

THE FOLLOWING QUESTIONS REFER TO YOUR PRESENT FAMILY SITUATION.

1. a. Is the female head-of-household (HOH) currently __2__

**Answer Choices:**

**1=Not employed?**
**2=Employed part-time?**
**3=Employed full-time?**
**4=There is no female HOH.**

b. If working, what is her occupation? __NURSE__

An answer choice of "2" to question 1.a. means that at the present time the female head-of-household is working part-time and the response to question 1.b. means that she is working as a nurse.

Your answers will be coded to an identification number (ID). All answers will be kept strictly confidential.

Thank you very much for your help.

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MCPS 078-9933C, revised 4/83

**FAMILY CHARACTERISTICS**
**Parent Questionnaire—Form II**

Office Use

Form Code: 606 1-3
Program ID: ______ 4-5
Parent ID: ______ 6-8
9 blank

THE FOLLOWING QUESTIONS REFER TO YOUR PRESENT FAMILY SITUATION.
Write the number of your answer choices in the space to the right.

1. a. Is the female head-of-household (HOH) currently ........................ ______ 10

**Answer Choices:**

**1=Not employed?**
**2=Employed part-time?**
**3=Employed full-time?**
**4=There is no female HOH.**

b. If working, what is her occupation? ______________________________

2. a. Is the male head-of-household (HOH) currently ........................ ______ 12

**Answer Choices:**

**1=Not employed?**
**2=Employed part-time?**
**3=Employed full-time?**
**4=There is no male HOH.**

b. If working, what is his occupation? ______________________________

3. Use the answer choices below to answer the following questions.

**Answer Choices:**

**1=Several times a week**
**2=Once a week**
**3=Once every two weeks**
**4=Once a month**
**5=Less than once a month**
**6=Never**
**7=Not applicable**

About how frequently:

Do adults in your household go out together socially? ........................ ______ 14

Do adults in your household spend time together with other adult friends? ............ ______ 15

Does your family go out together socially (for lunch, or dinner, movie, visit friends, etc.)? ........................ ______ 16

4. The chart below has been completed using information on your other children that you provided at an earlier time. Please check the information and change any incorrect information or add new information.

| Other Children | Birthdate | Sex [1=Male; 2=Female] | |
|---|---|---|---|
| Child 1 | ______ | ______ | 17-20 |
| Child 2 | ______ | ______ | 21-24 |
| Child 3 | ______ | ______ | 25-28 |
| Child 4 | ______ | ______ | 29-32 |
| Child 5 | ______ | ______ | 33-36 |

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5. Please use the answer choices below to answer the following questions for each of your other children in the order they are listed in Question 4.

**Answer Choices:**

1=Several times a day
2=Once a day
3=Several times a week
4=Once a week
5=Less than once a week
6=Not applicable
9=No other children in family

About how frequently:

| | Child 1 | Child 2 | Child 3 | Child 4 | Child 5 | |
|---|---|---|---|---|---|---|
| Does this child bring his/her friends home? | ______ | ______ | ______ | ______ | ______ | 37-41 |
| Does this child play with the program child? | ______ | ______ | ______ | ______ | ______ | 42-46 |
| Does this child take care of the program child? | ______ | ______ | ______ | ______ | ______ | 47-51 |

6. Use the answer choices below to indicate how the relationships among your family members might have changed between 1) the beginning of this school year and 2) the present time.

**Answer Choices:**

1=Much more positive
2=Slightly more positive
3=No change; relationship continues to be good
4=No changes; relationship could be better
5=Slightly more negative
6=Much more negative
7=Not applicable

How would you describe any changes that may have occurred in the relationships between:

mother and program child? .................................................. ______ 52
father and program child? .................................................. ______ 53
parents and other children in the family? .................................................. ______ 54
program child and other children in the family? .................................................. ______ 55
program child and neighborhood children? .................................................. ______ 56

7. a. Has your financial situation changed either positively or negatively as a direct or indirect result of placing your child in a special education program? .................................................. ______ 57

**Answer Choices:**

1=Yes, in a positive way.
2=Yes, in a negative way.
3=No change as a result of placing child.

b. If your answer was 1 or 2, please explain how your family's financial situation has changed.

______________________________________________

______________________________________________

______________________________________________

______________________________________________

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8. Please comment on if and in what way(s) placing your child in a special education program has had an affect on your family life (e.g., how family members get along, how often family members do things together, how family members feel about the "program child," etc.)

______________________________

______________________________

______________________________

______________________________

9. When did your child first begin to receive services from a special education program? In the space below, please record the month and year when your child was enrolled in his or her first special educational program. (Record your answers as follows: for January write "01" in the space labeled "Month," write "02" for February, "03" for March, etc. If your child began in a program in 1980, write "80" in the space labeled "Year.")

Month ______ 59-60

Year ______ 61-62

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## SERVICE DELIVERY
### Teacher Questionnaire

Name of Person Completing Form: ______________________________

**Directions:** The chart to be completed on the following page is designed to collect information on the amount of time services are scheduled for children in your classroom. We are interested in the opportunity for services that your program offers a child. When calculating the amount of time do not consider the number of days a child is absent. The fact that a child has poor attendance does not alter the number of days the program is prepared to serve the child.

On the basis of our records, we have completed several items on the following chart: program name and children's names. If a child whom the school district is funding was omitted from the list, please write his or her name on the chart. We will provide ID numbers when the chart is returned to us.
Under each column heading on the chart, record in minutes the amount of time services are available to each child on a daily basis. For example:

1. If a child receives 2 hours of speech therapy on a given day, 120 should be written in the column labeled speech therapy next to the day or days the child is scheduled to receive that service.
2. If a child is not receiving a particular service, enter a "0" in the appropriate column.

If you do not know how much time a child receives certain services, please ask the person who provides these services to answer the questions pertaining to his or her service delivery.

**Classroom Program:** In this column enter the amount of time in minutes for each day that the child is scheduled to be in your program for each day of the week. For example:

> The child who is enrolled in a 3 hours per day, 5 days per week program is scheduled to receive 15 hours per week of a classroom program. Convert hours to minutes by multiplying by 60. Fifteen hours is equal to 900 minutes. Enter 900 in this column.

Be sure to take into account the child's regular arrival and departure times. For example:

> Even though the program operates from 9 a.m. to 12 noon, if a child always arrives at 9:30 a.m., then the amount of time that should be calculated per day is 150 minutes.

**Speech Therapy:** Enter the amount of time in minutes for each day that each child is scheduled to spend with a certified speech therapist. Services can be delivered to a single child or group of children.

**Occupational Therapy:** Enter the amount of time in minutes for each day that each child is scheduled to spend with a certified occupational therapist. Services can be delivered to a single child or group of children.

**Physical Therapy:** Enter the amount of time in minutes for each day that each child is scheduled to spend with a certified physical therapist. Services can be delivered to a single child or group of children.

**Behavior Management/Counseling or Psychological Services:** Enter the amount of time in minutes for each day that a certified or specially trained behavior therapist, counselor, or psychologist works with each child. Services can be delivered to a single child or a group of children.

**Home Visits:** Two types of information need to be recorded under this heading. In the first column marked "#," enter the number of visits during the school year that someone in your program is scheduled to visit each child's home.

In the next column labeled "Min.," enter the amount of time in minutes per visit that someone from your program is scheduled to spend in each child's home.

MCPS 077-9933A, revised 4/83

## SERVICE DELIVERY
### Teacher Questionnaire

**Office Use**

Form Code: 310 1-3
Program ID: ______ 4-5
Staff ID: ______ 9-10
Date Code: ______ 11-12

Program Name: ____________________

Date Completed: ____________________

| Child's Name | ID | Day of the Week | Classroom Program | Speech Therapy | Occupational Therapy | Physical Therapy | Behavior Management/ Counseling or Psychological Services | Home Visits | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | # | Min. |
| 1. | | 1 | | | | | | | |
| | | 2 | | | | | | | |
| | | 3 | | | | | | | |
| | | 4 | | | | | | | |
| | | 5 | | | | | | | |
| 2. | | 1 | | | | | | | |
| | | 2 | | | | | | | |
| | | 3 | | | | | | | |
| | | 4 | | | | | | | |
| | | 5 | | | | | | | |
| 3. | | 1 | | | | | | | |
| | | 2 | | | | | | | |
| | | 3 | | | | | | | |
| | | 4 | | | | | | | |
| | | 5 | | | | | | | |
| 4. | | 1 | | | | | | | |
| | | 2 | | | | | | | |
| | | 3 | | | | | | | |
| | | 4 | | | | | | | |
| | | 5 | | | | | | | |
| 5. | | 1 | | | | | | | |
| | | 2 | | | | | | | |
| | | 3 | | | | | | | |
| | | 4 | | | | | | | |
| | | 5 | | | | | | | |

*1=Monday; 2=Tuesday; 3=Wednesday; 4=Thursday; 5=Friday

| Child's Name | ID | Day of the Week | Classroom Program | Speech Therapy | Occupational Therapy | Physical Therapy | Behavior Management/ Counseling or Psychological Services | Home Visits | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | # | Min. |
| 6. | | 1 | | | | | | | |
| | | 2 | | | | | | | |
| | | 3 | | | | | | | |
| | | 4 | | | | | | | |
| | | 5 | | | | | | | |
| 7. | | 1 | | | | | | | |
| | | 2 | | | | | | | |
| | | 3 | | | | | | | |
| | | 4 | | | | | | | |
| | | 5 | | | | | | | |
| 8. | | 1 | | | | | | | |
| | | 2 | | | | | | | |
| | | 3 | | | | | | | |
| | | 4 | | | | | | | |
| | | 5 | | | | | | | |
| 9. | | 1 | | | | | | | |
| | | 2 | | | | | | | |
| | | 3 | | | | | | | |
| | | 4 | | | | | | | |
| | | 5 | | | | | | | |
| 10. | | 1 | | | | | | | |
| | | 2 | | | | | | | |
| | | 3 | | | | | | | |
| | | 4 | | | | | | | |
| | | 5 | | | | | | | |

*1=Monday; 2=Tuesday; 3=Wednesday; 4=Thursday; 5=Friday

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## SERVICE DELIVERY
**Parent Questionnaire**

Parent's Name: ______________________________________________

Often the educational services given to a child are seen differently by the many adults who work with that child. For example, the child's teacher may have a very different view of the speech therapy given to a child than the child's parents may have. The purpose of this questionnaire is to better understand parents' feelings and attitudes toward the service their child is receiving.

**Directions:** To answer most questions, you will be asked to select an answer from a list of choices. Some questions will ask you to write out your answer.

**Example:**

How satisfied are you with the amount of the services your child receives? Indicate how satisfied you are with the amount of each service given to your child by writing the number of one of the answer choices in the space next to each service.

**Answer Choices:**

**1=My child does not receive this service.**
**2=Very satisfied.**
**3=Satisfied.**
**4=Neither satisfied nor dissatisfied.**
**5=Dissatisfied.**
**6=Very dissatisfied.**

| | |
|---|---|
| Overall Program | 3 |
| Physical Therapy (help in use of gross motor, sit, crawl, walk | 1 |

An answer of "3" next to "Overall Program" means that you are satisfied with all parts of your child's program. An answer of "1" next to "Physical Therapy" means that you cannot rate physical therapy services because your child does not receive them.

Your answers will be coded to an identification number (ID). All answers will be kept strictly confidential.

Please use the reverse side of this page to clarify any of your answers.

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MCPS 077-9933B, revised 3/83

**SERVICES DELIVERY**
**Parent Questionnaire**

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**Office Use**

| | |
|---|---|
| Form Code: 610 | 1-3 |
| Program ID: ______ | 4-5 |
| Parent ID: ______ | 6-8 |

Program Name: ____________________________________________

1. How satisfied are you with the amount of services your child receives? Indicate how satisfied you are with the amount of each service given to your child by writing the number of one of the answer choices in the space next to each service.

**Answer Choices:**

**1=My child does not receive this service.**
**2=Very satisfied.**
**3=Satisfied.**
**4=Neither satisfied, nor dissatisfied.**
**5=Dissatisfied.**
**6=Very dissatisfied.**

| | | |
|---|---|---|
| Overall Program | ______ | 9 |
| Speech Therapy (help in speech, saying sounds and words, eating without choking) | ______ | 10 |
| Occupational Therapy (help in use of fine motor, fingers, hands) | ______ | 11 |
| Physical Therapy (help in use of gross motor, sit, crawl, walk) | ______ | 12 |
| Behavior Management/Counseling (help with behavioral or emotional problems) | ______ | 13 |
| Home Visits | ______ | 14 |

2. a. Approximately how many times during this school year has someone from your child's program visited and/or is scheduled to visit your home? Write your answer on the line to the right. If your answer is 2, write 02 on the line ______ 15-16

   b. On the average when staff have visited your home, how long did they stay? Write your answer in hours and minutes in the space to the right. If your answer is 1 hour, write 1 on the line labeled "Hours" and 00 on the line labeled "Minutes."

Minutes ______ 17-18

Hours ______ 19-20

3. How satisfied are you with the quality of the services your child receives? Indicate how satisfied you are with the quality of each service given to your child by writing the number of one of the answer choices in the space next to each service.

**Answer Choices:**

**1=My child does not receive this service.**
**2=Very satisfied.**
**3=Satisfied.**
**4=Neither satisfied, nor dissatisfied.**
**5=Dissatisfied.**
**6=Very dissatisfied.**

| | | |
|---|---|---|
| Overall program | ______ | 22 |
| Speech Therapy (help in speech, saying sounds and words, eating without choking) | ______ | 23 |
| Occupational Therapy (help in use of fine motor, fingers, hands) | ______ | 24 |
| Physical Therapy (help in use of gross motor, sit, crawl, walk) | ______ | 25 |
| Behavior Management/Counseling (help with behavioral or emotional problems) | ______ | 26 |
| Home Visits | ______ | 27 |

4. What do you like best about the services your child receives and why?

5. What do you like least about the services your child receives and why?

6. What recommendations do you have that you believe would improve the services your child receives?

**This concludes this questionnaire. Thank you.**

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## CHILD AND CLASSROOM ACTIVITY
### Classroom Observation System

The purpose of this observation system is to obtain descriptive information about the child's experiences in preschool special education classrooms. Specifically, the observation system was designed to record several aspects of child behavior in the classroom. These aspects include: (1) the activity in which the child is engaged, and with respect to that activity, the child's (2) degree of involvement, (3) form of communication and (4) the group size. In addition, the system records the number and type of adults involved with the target child during that activity.

The data obtained with this observation system could be used in an evaluation of preschool programs serving handicapped children to describe the programs, to document service delivery or to explain changes in the child over the program year. The particular application of the observation data would determine the number and frequency of observations necessary.

The observation system is designed such that a different child's classroom behavior is sampled every 30 seconds and recorded by specific codes in each of five categories. The nonparticipant observers should be knowledgeable about the types of children and instructional settings that they will be observing.

The observation system includes the following:

1. an observation form,
2. detailed observation directions,
3. definitions of observation codes and
4. a summary of observation codes.

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## CHILD AND CLASSROOM ACTIVITY
### Classroom Observation Form

Form Code: 910 1-3

Program ID______________________ 4-5

Program: ______________________

Teacher: ______________________

Observer: ______________________ 21

Date of Observation: ______ ______ ______ 22-27
YR MO DA

Time Observation Begins: ______________ 28-31

**Activity Area**

01 Language Arts/Story
02 Reading/Writing
03 Math
04 Manipulative Toys/Games
05 Arts/Crafts
06 Music
07 Dramatic Play
08 Cooking/Housekeeping
09 Active/Outdoor Play
10 Sensory Stimulation
11 Toileting/Diapering/Dressing/Hygiene
12 Eating/Feeding
13 Resting
14 Transition
15 Time Out
16 Other/Unknown
44 Out of Room (Miscellaneous)
55 Special Education Services
66 Mainstreaming
77 Absent
99 Missing Data

**Adult Type**

1 Classroom Teacher
2 Classroom Assistant
3 Speech Pathologist
4 Physical Therapist
5 Occupational Therapist
6 Parent
7 Supervisor/Administrator
8 Unknown/Other Adult
0 No adult involved

**Group Type**

1 Self
2 One Child
3 Group

**Communication**

1 Vocalizing to other(s)
2 Vocalizing to self/crying
3 Non-verbal
4 Listening
5 Not communicating

**Child Behavior**

1 Unoccupied/Off task
2 Passively Participating
3 Actively Participating
4 Disrupting/Crying

Activity ______________________ Page # ________ 19-20

______________________

Adults ______________________

______________________

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| Child's Name/Descriptor | ID 6-8 | Communication 9 | Activity Area 10-11 | Child Behavior 12 | Group Type 13 | Adult Type 14 | Adult Type 15 | Adult Type 16 | Adult Type 17 | More than four adults 18 | Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. | | | | | | | | | | | |
| 2. | | | | | | | | | | | |
| 3. | | | | | | | | | | | |
| 4. | | | | | | | | | | | |
| 5. | | | | | | | | | | | |
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| 7. | | | | | | | | | | | |
| 8. | | | | | | | | | | | |
| 9. | | | | | | | | | | | |
| 10. | | | | | | | | | | | |

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

**CHILD AND CLASSROOM ACTIVITY**
**Classroom Observation System**

### Directions

When you enter the school report to the main office to announce who you are and that you are doing classroom observations. The office personnel can direct you to the appropriate classroom. If possible, ask the program director to identify the children you are to observe and the titles of the adults in the room. In the spaces provided next to the children's names and IDs, write in some key descriptors such as hair color, clothing, etc. to identify each of the children. The classroom teacher, an aide or a member of the support service staff may also be able to help you determine children's names and adult titles. Be sure to get this information before leaving the classroom.

When you enter the classroom find an unobtrusive area in which to sit. If you should need to move your location during the observation, do this slowly and quietly.

Arrive in the classroom at least five to fifteen minutes earlier than the time for which the observation will be conducted. Use this time to informally observe the classroom routine. This will also allow the children to adjust to your presence. Do not actively respond to children's approaches to you.

In the spaces provided on the cover sheet of the observation form, indicate your name (observer) as well as the program name and teacher. Note also the date of the observation and the time the observation will begin.

Before you begin your formal observation, check to see that you have listed all children from the classroom roster (for whom you have permission to observe) on your observation sheet; include those children who may be absent that day or temporarily out of the room and code them accordingly (see **Activity Area** codes 44-77). Briefly describe the ongoing classroom activity (e.g., language circle, free play) and list the adults present by position in the spaces provided. Note only the *changes* in classroom activity or adults present as they occur on subsequent pages.

Once you begin your observation, you will be coding the behavior of each child at every 30-second interval. In general, you will have 10-30 seconds to observe the child, but you must record the appropriate observation codes based on *the child's behavior and activity area at the 30-second mark.* A five-minute cycle is planned to observe each of the children once. If you have fewer than ten children to observe, you will complete your observations before the five minutes is completed. In this case, wait until the next five-minute cycle before observing the children again. If you have more than ten children, you will have to expand the five-minute cycle to accommodate them.

The observation form is designed so that each five-minute cycle is recorded on one observation page. Number the observation pages consecutively. At the end of one hour you will have recorded twelve observation pages and twelve observations per child.

As soon as possible after completing an observation session (or between five-minute observation cycles), review the observation codes recorded for each child. Fill in or change those codes which have become clear or which you have been able to verify (e.g., hard to identify **Activity Areas**, unknown **Adult Types**). Use your comments in the "Notes" column to determine inaccurate or inconsistent codes.

What follows are definitions of the observation codes for each of five categories: communication, activity area, child behavior, group type and adult type. Observers should become familiar with these definitions and code numbers before collecting any data with this observation system. The observation codes are summarized at the end of this document and also appear on the observation form.

## Definitions of Observation Codes

**COMMUNICATION:** Describes the means for communicating ideas during the child's activity.

1. **Vocalizing to other(s):** child vocalizes ideas to other child, children or adults; this includes recitation or singing as a group. Use cues such as eye contact, head/body orientation or accompanying gestures to distinguish between "vocalizing to *other(s)*" and "vocalizing to *self*."
2. **Vocalizing to self:** child vocalizes ideas to him/herself with no intention to communicate to others. Include noises the child makes to accompany play (e.g., motor noises while playing with a car). Code *crying* here. Note that singing or laughing can be coded as "vocalizing to self" or "vocalizing to other(s)," depending on whether or not the child is singing to or laughing with others, or by him/herself.
3. **Nonverbal:** child gestures to or uses some other nonverbal means of communication with other children or adults; no vocalization accompanies nonverbal expressions. Includes signing, pointing to or touching people or objects, gesturing with objects, smiling (without vocalizing) and such aggressive gestures as pushing or pulling another person.
4. **Listening:** child attends to vocalizations (includes listening to music or singing) whether or not they are directed to the child, as indicated by eye contact with/or body orientation toward the vocalization, or other action which suggests the child is listening to the vocalization (e.g., following directions, stopping activity when interrupted by a vocalization); also includes attending to sign language, but otherwise there must be audible vocalization.
5. **Not communicating:** child does not use any verbal or nonverbal communications; may be silently playing, day-dreaming or withdrawn. When deciding between "listening" and "not communicating," such cues as *not* following vocalized directions or blank stares are indications that the child is *not* listening.

**ACTIVITY AREA:** General curriculum area and materials associated with child's behavior. Consider both the child's activity and the materials being used when choosing a code. When the child's activity seems best characterized by more than one code, choose the one code that best describes the *primary* nature of the child's *overall* activity *at that moment in time*. If the child is not actively involved in an activity, code the child with regard to the group's **Activity Area** or the **Activity Area** expected by the supervising adult.

01. **Language Arts/Story:** listening to a story being told or looking through a storybook; speaking and listening activities such as show and tell, group discussions or memory games; reciting poems or finger plays; playing with language toys that speak to child. Activities which involve matching, sorting or classifying based on word concepts (e.g., color, animals) may also be considered language activities. Note that language arts activities accompanied by music (see code 06) should be coded here (e.g., singing a song). If the child is involved in a conversation outside the context of a language arts activity, code the child's activity as the activity in which he/she is engaged. If the child is listening to directions for an activity other than "Language Arts/Story," code the child's activity as that for which he/she is receiving directions.

02. **Reading/Writing:** language activity which specifically relates to identifying letters, words, letter/word sounds or writing letters. Note that if the child is forming designs which may/may not resemble letters, code as "Arts/Crafts" (05) unless forms have been identified by the child or adult as letters. Also note that looking through a storybook should be coded as "Language Arts/Story" (01) unless the child is reading aloud.

03. **Math:** activity involving such things as counting, naming shapes, comparing sizes or weights, telling time, etc.

04. **Manipulative Toys/Games:** using puzzles, peg boards, blocks or other fine motor manipulative materials. Includes scissoring if this is main focus of activity, otherwise code as "Arts/Crafts" (05). Also includes indoor or outdoor sand and water play, and finger exercises without accompanying words. Note that manipulative materials may involve number, size or shape concepts; if such math concepts are the focus of the activity, code as "Math" (03). Also note that play with musical toys should be coded here (e.g., note board toys). Free play situations are not coded here unless play materials are specifically manipulative in nature.

05. **Arts/Crafts:** manipulating arts or crafts materials; creating pictures or forms with art media such as paint, clay, crayons, paper. If child is writing name on own drawing, consider this as writing activity (02).

06. **Music:** listening to or performing music; playing musical instruments. Note that when music or singing accompanies a language activity, or an active play activity, code as "Language Arts/Story" (01) or "Active/Outdoor Play" (09). Also note that playing with musical toys should be coded as "Manipulative Toys/Games" (04).

07. **Dramatic Play:** playing make-believe, house, dressing-up; using puppets, dolls, props; or acting out a story. This may also include making believe during the use of manipulative materials (e.g., moving cars around a block road way).

08. **Cooking/Housekeeping:** includes activity to prepare food for actual consumption (vs. make-believe cooking) and housekeeping-type chores such as straightening the room, wiping tables or watering plants. Also includes putting away another activity (e.g., returning toys to shelf).

09. **Active/Outdoor Play:** active gross motor play outdoors or indoors involving the child in such activity as climbing, running, bike riding, etc. Free play situations or unstructured movement around the room are not coded here unless defined by an adult or by the equipment used as gross motor or active play activities. Note that gross motor activities which involve a language component (i.e., following directions) or a music component (accompanied by music) should be coded as "Active Play/Outdoor Play" (09).

10. **Sensory Stimulation:** behavior brought about by stimulation of a child's use of vision, hearing, touch or smell. Includes kinesthetic and vestibular stimulation such as placement on a waterbed or gentle rocking/swinging in a chair/hammock, etc. Also includes physical therapy which is essentially non-active intervention intended to develop or maintain gross mobility (e.g., positioning, massaging, stretching). Use this code for those behaviors which are primarily sensory in nature but which might include other **Activity Area** components (e.g., stimulation of the mouth muscles should be coded as sensory stimulation even though it has a feeding ("Eating/Feeding") or a speech ("Language Arts/Story") function.

11. **Toileting/Diapering/Dressing/Hygiene:** activity associated with child using the bathroom facilities (i.e., toileting, hand washing) or other personal hygiene activity (e.g., blowing nose). Also includes dressing and undressing activities, as long as learning how to dress and undress rather than language practice is the primary focus of the activity.

12. **Eating/Feeding:** activity during periods involving food consumption such as snack or lunch.

13. **Resting:** periods when a child is sleeping or resting quietly. Note that positioning should be coded as "Sensory Stimulation" (10).

14. **Transition:** periods when a child is "in-between" activities and is waiting for a group activity to begin, or moving/walking to another activity in the room. Initial activity should have ceased, yet new activity should not have begun. Once materials are put away, activity area is cleaned up, etc., a "transition" has begun; once materials are gotten out, or new activity has started, "transition" has ended. Includes waiting during pauses in an ongoing activity. Note that lining up at the door and standing in line should be coded here. Also note that child cannot be "passively participating" (see **Child Behavior Codes**) in a transition.

15. **Time Out:** child is being disciplined in a "time out" area which removes child from regular activity of the classroom. Note that if a time out situation occurs with no behavioral expectations for the child, you may have to omit a **Child Behavior** code and explain under "Notes."

16. **Other/Unknown:** unclear area of activity or activity not defined above. Describe the area of activity in the space provided under "Notes." When **Activity Area** is temporarily unclear, code as 16 and change to appropriate activity code as it becomes clear (e.g., nature of activity difficult to determine).

44. **Out of room (miscellaneous):** child is temporarily out of the room (e.g., on an errand, visiting the nurse). Do not use this code when codes 55-77 apply. If uncertain why the child is out of the room, use code 44 and ask the teacher after the observation session; then change the code to 55-77 or to the appropriate **Activity Area** code (i.e., "Toileting," "Resting," "Active/Outdoor Play," "Time Out"—only these **Activity Areas** and codes 44-77 can be used without other observational categories).

55. **Special Education Services:** child is out of the room receiving special education services (e.g. therapy, testing, individual program, etc.).

66. **Mainstreaming:** child is out of the room receiving regular education services (i.e., mainstreamed) for part of the program day (e.g., for art, gym, music, Head Start), or child is absent and receiving regular education services in another program for entire program day (i.e., child is only part-time student in special education program).

77. **Absent:** child is not in program due to illness, tardiness or early dismissal. Code the child as "absent" throughout the observational session, until the child arrives or after the child has left for the day.

99. **Missing Data:** child is present in program but unable to be coded for **Activity Area** (or any other observation category) because observer was interrupted or lost track of child temporarily.

**Note:** If the child is out of the room and cannot be seen during an observation, only **Activity Area** can be coded for that child. Codes 44-77 may apply or the child may be involved in "Active/Outdoor Play" (09), "Toileting/Diapering/Dressing/Hygiene" (11), "Resting" (13), or "Time Out" (15). Only codes for the four "out of the room" situations (codes 44-77) and these four activities (09, 11, 13 and 15) should appear without other observational codes for **Communication, Child Behavior, Group Type** and **Adult Type**.

**CHILD BEHAVIOR:** Child's degree of involvement in the activity. Consider the nature of child's **Activity Area** in choosing the most appropriate **Child Behavior** code.

1. **Unoccupied/Off task:** child sitting, standing or wandering about with no evident interest or participation in ongoing activity. Includes listening to conversation *unrelated* to the child's activity or *not* listening to adult presentation or instructions or another child's recitation. Also includes observing other children without directly participating in the activity (e.g., observing another child play with toys, watching other children sing).
2. **Passively Participating:** includes passive forms of participation in activity such as listening to an adult's instructions or lesson for the group, or observing an adult's demonstration of the activity. Also includes waiting one's turn in a group activity or waiting after turn for other children to finish if the focal child is listening to other recitations or observing other children taking turns.
3. **Actively Participating:** child is actively involved in the activity as evidenced by such behaviors as movement or language. Only includes the child actually doing an activity. If an activity requires multiple behaviors (e.g., singing and making motions to a song) the child only needs to be doing one behavior to be "*actively* participating."
4. **Disrupting/Crying:** actively participating in an activity in such a way as to potentially distract others or draw attention to him or herself (e.g., poking another child, excessive movement when children are to be still). Includes resisting an activity. Note that crying is always coded here.

**GROUP TYPE:** Identifies the type of group structure that is generally identified by child's activity. However, note that a child should be coded as with another child (2) or as part of a group (3) when *language interaction* is probable or present (i.e., when *physical proximity* and *body orientation* permit language interaction), even if the **Activity Area** is different.

1. **Self:** child is alone.
2. **One child:** child is with one other child.
3. **Group:** two or more other children are joined in similar activity.

**ADULT TYPE:** Identifies the adults *involved* with the target child. Code as many as four adults who are involved with the focal child at the 30-second mark (the order does not matter).

*Involvement* is defined as follows: Adult is actively or passively involved with the target child. Active involvement includes directly working with the child or the child's group (e.g., playing along with the child, giving the child instructions or demonstrating an activity to the child being observed), or managing the child (e.g., correcting or praising the child, redirecting behavior). Passive involvement includes listening to or watching the focal child, provided that the adult is within close physical proximity to the child (e.g., in the same group, at the same table, in the same activity area of the room).

If more than four adults are involved with the child, place a check in the column marked "More than four adults." In this event, you should choose to code **Adult Type** for those adults who are: 1) attended to by the target child, 2) physically closest to the target child, or 3) most significant in the classroom (i.e., **Adult Types** 1 through 8 in that order).

If less than four adults are involved with the target child, use code 9 ("No adult involved") for the remaining **Adult Type** columns.

1. **Classroom Teacher:** teacher who is primarily responsible for group of children.
2. **Classroom Assistant:** assistant or aide to teacher, volunteer or student intern.
3. **Speech Pathologist:** includes speech pathology interns.
4. **Physical Therapist:** includes physical therapy interns.
5. **Occupational Therapist:** includes occupational therapy interns.
6. **Parent:** parent or guardian of a child enrolled in the classroom; note if he/she is another child's parent in the "Notes" column.
7. **Administrator/Supervisor:** person who is responsible for administering the program or supervising the staff.
8. **Unknown/Other Adult:** person whose role is not clearly defined as one of the above. Following observation try to identify who this adult is. If the adult can be represented by one of the above codes, change your observation code. If not, use code 8 and describe the adult's role in the "Notes" column.
9. **No adult involved:** no adult is involved with the target child during that particular observation. Adult may not be present in the room or may not be involved with the target child. For example, adult may be observing or working with other children, involved in personal activity or only casually monitoring the child from across the room.

**MORE THAN FOUR ADULTS:** If more than four adults are involved with the child, place a check in the column marked "More than four adults" and note who they are by **Adult Type** code in the "Notes" column.

# CLASSROOM OBSERVATION—SUMMARY OF CODES

## Communication

Describes the means for expressing ideas during the child's activity.

| Code | Descriptor |
|---|---|
| 1 | Vocalizing to other(s) |
| 2 | Vocalizing to self/crying |
| 3 | Nonverbal |
| 4 | Listening |
| 5 | Not communicating |

## Activity Area

Identifies general curriculum area and materials associated with child's behavior.

| Code | Descriptor |
|---|---|
| 01 | Language Arts/Story |
| 02 | Reading/Writing |
| 03 | Math |
| 04 | Manipulative Toys/Games |
| 05 | Arts/Crafts |
| 06 | Music |
| 07 | Dramatic Play |
| 08 | Cooking/Housekeeping |
| 09 | Active/Outdoor Play |
| 10 | Sensory Stimulation |
| 11 | Toileting/Diapering/Dressing/Hygiene |
| 12 | Eating/Feeding |
| 13 | Resting |
| 14 | Transition |
| 15 | Time Out |
| 16 | Other/Unknown |
| 44 | Out of Room (miscellaneous) |
| 55 | Special Education Services |
| 66 | Mainstreaming |
| 77 | Absent |
| 99 | Missing Data |

## Child Behavior

Describes child's degree of involvement in the activity.

| Code | Descriptor |
|---|---|
| 1 | Unoccupied/Off task |
| 2 | Passively Participating |
| 3 | Actively Participating |
| 4 | Disrupting/Crying |

## Group Type

Identifies the type of group structure that is defined by child's activity, language interaction, or body orientation and physical proximity.

| Code | Descriptor |
|---|---|
| 1 | Self |
| 2 | One Child |
| 3 | Group |

## Adult Type

Identifies the adults involved with the child. If more than four adults are involved, place a check in the column marked "more than four adults."

| Code | Descriptor |
|---|---|
| 1 | Classroom Teacher |
| 2 | Classroom Assistant |
| 3 | Speech Pathologist |
| 4 | Physical Therapist |
| 5 | Occupational Therapist |
| 6 | Parent |
| 7 | Supervisor/Administrator |
| 8 | Unknown/Other Adult |
| 9 | No adult involved |

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

# SERVICES TO PARENTS

## Parent Educator/Coordinator Questionnaire

Program Name: ____________________

Name of Person Completing Form: ____________________

The education of preschool handicapped children generally involves the provision of some type of services to parents. This questionnaire asks you to indicate the types of services your program offers parents and to elaborate on certain aspects of these services.

**Directions:** The first set of questions asks you to fill out information in a chart which appears on Page 3. Specific directions and definitions for each category on the chart are given on the reverse side of this page. Use the blank space on the questionnaire to clarify any of your answer choices.

Your responses will be coded to an identification number. All responses will be kept strictly confidential.

When answering these questions consider only those parents whose names are listed on the attached sheet. The following are directions for completing the Parent Services Chart. Each letter below corresponds to the appropriate column on the chart.

A. **Parent Services**

Several types of services which programs might offer parents have been listed and defined in this column. If after responding to questions about these categories you find that some of the services your program offers parents are not listed, please list these services in the "other" category at the bottom of the chart.

B. **Frequency of Services**

Please write the number of one answer choice given below to indicate how frequently each service was provided during the past school year. PLEASE RECORD ONLY ONE NUMBER IN THIS COLUMN.

**Answer Choices:**

**1=This service is not provided.**
**2=At least every 2 weeks**
**3=Once a month**
**4=Once every 3 months**
**5=Once during the regular program year or less**
**6=On an as-needed basis**
**7=Other (Specify on chart.)**

C. **Service Provider**

Please write the number of one answer choice given below next to each service to indicate who primarily scheduled or organized each service during the past school year. PLEASE RECORD ONLY ONE NUMBER IN THIS COLUMN.

**Answer Choices:**

**1=This service is not provided.**
**2=Program director/coordinator**
**3=Parent educator/coordinator/advocate**
**4=Outside consultant**
**5=One teacher/staff member has assumed this as an additional responsibility.**
**6=Each teacher provides service for his/her students' parents.**
**7=Parents**
**8=Staff team**
**9=Other (Specify on chart.)**

D. **Parent Participation**

Column D is divided into two parts in which two different types of information need to be recorded. In the first column (labeled "#") write the total number of families with preschool children to whom each service is made available. In the second column (labeled "%") enter the percentage of the families indicated in column # who actually participated in or used each service this school year. If all parents participated, write 99 in the box. If a service is not provided, write an "X" in both the # and % columns across from the appropriate service.

E. **Major Problems**

Please write the number of one answer choice given below to indicate what major problem you encountered with each service provided by your program. PLEASE RECORD ONLY ONE NUMBER IN THIS COLUMN ON THE CHART.

**Answer Choices:**

**1=This service is not provided.**
**2=Do not have enough staff.**
**3=Staff not available at times convenient to parents.**
**4=Inadequate funding**
**5=Parental apathy**
**6=Parents have transportation problems.**
**7=Parents have babysitting problems.**
**8=We have never encountered any problems with offering this service.**
**9=Other (Specify on chart.)**

F. **Reason Service Not Offered**

Please indicate why certain services are not offered by your program. Write the number of one answer choice below in the column next to each service listed. PLEASE RECORD ONLY ONE NUMBER IN THIS COLUMN ON THE CHART.

**Answer Choices:**

**1=This service is provided.**
**2=Parents have not indicated a need or desire for this service.**
**3=Parents have babysitting problems.**
**4=Parents receive this service elsewhere.**
**5=Not seen as applicable to program population.**
**6=Do not have enough staff.**
**7=Inadequate funding**
**8=Parents have transportation problems.**
**9=Other (Specify on chart.)**

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## SERVICES TO PARENTS
### Parent Educator/Coordinator Questionnaire

**Office Use**

| | |
|---|---|
| Form Code: 415 | 1-3 |
| Program Code: ______ | 4-5 |
| | 6-8 blank |
| Staff ID: ______ | 9-10 |
| Position Code: ______ | 11-12 |
| Record Number: 1 | 13 |

1. Please complete the following chart using the directions specified on page 2.

| A. | B. | C. | D. | | E. | F. | |
|---|---|---|---|---|---|---|---|
| **Parental Services** | **Frequency** | **Service Provider** | **Parent Participation #** | **%** | **Major Problem** | **Reason Service Not Offered** | |
| **ASSIST PARENTS AS ADVOCATE**—Program staff assume an active role to help parents obtain rights and ensure that the child receives the most appropriate education possible (e.g., staff intercede with community agencies, help parents fill out forms and collect information, etc.). | | | | | | | 14-21 |
| **BABYSITTING**—Someone in a program watches siblings and/or handicapped children so that parents can participate in program activities or meetings. | | | | | | | 22-29 |
| **CONDUCT MEETING(S) ON LEGAL RIGHTS**—One or several formal meetings in which parents are informed of their rights under P.L. 94-142 and Maryland Bylaw 13.04.01 (e.g., due process procedures, the purpose of an IEP, that they must be notified of changes in their child's program, etc.) | | | | | | | 30-37 |
| **CONDUCT MEETING(S) ON MEDICAL PROBLEMS**—One or several formal meetings where someone presents medical information such as diet for hyperactive children, how to use certain orthopedic devices, physiological correlates to autism, etc. | | | | | | | 38-45 |
| **CONDUCT MEETINGS ON OTHER TOPICS OF INTEREST TO PARENTS**—Meetings for parents to hear and/or talk with someone on such topics as language development, discipline methods, motor development, etc. | | | | | | | 46-53 |
| **CONDUCT ORIENTATION MEETINGS**—A meeting with one or several parents to explain the program, to have them meet other parents and to show them the program's facilities. | | | | | | | 54-61 |
| **GROUP COUNSELING**—The provision, on a regular basis (e.g., every 2 weeks, once a month), of a counseling session with several parents (mothers and/or fathers). Topics include concerns about handicapped child as well as family problems or rearing siblings. | | | | | | | 62-69 |

Duplicate: 1-12
Record Number: 2 13

| A. Parental Services | B. Frequency | C. Service Provider | D. Parent Participation # | % | E. Major Problem | F. Reason Service Not Offered | |
|---|---|---|---|---|---|---|---|
| **INDIVIDUAL COUNSELING**—The provision, on a regular basis (e.g., every 2 weeks, once a month) of a counseling session with either one or both parents of a child in your program. Topics include concerns about handicapped child as well as family problems or rearing siblings. | | | | | | | 70-77 |
| **NEWSLETTER FOR PARENTS**—Letters, pamphlets, papers and/or brochures informing parents of the special activities being conducted in your program, about new developments in the field, or current political policies that might affect the field. | | | | | | | 14-21 |
| **PARENT SUPPORT NETWORK**—A formally established system of communication between parents. For example, a parent whose child has newly enrolled in the program is given several phone numbers of parents who can be contacted for information and/or emotional support. | | | | | | | 22-29 |
| **REFERRAL OF PARENTS TO ANCILLARY SERVICES**—Program staff inform parents about and help them apply for other services they may need (e.g., food stamps, welfare, medical care, child care, etc). | | | | | | | 30-37 |
| **SOCIAL FUNCTIONS**—Refers to having parties or picnics so that parents can get to know one another in an informal manner. | | | | | | | 38-45 |
| **TEACHING PARENTS METHODS/TECHNIQUES TO WORK WITH THEIR CHILD**—A program has, as an integral part of its routine, time scheduled to formally instruct parents via lecture or demonstration with their child as to how the parents can work to help their child's development. | | | | | | | 46-53 |
| **TRANSPORTATION TO PARENT MEETINGS**—Program provides parents transportation to meetings the program staff have scheduled. | | | | | | | 54-61 |
| **OTHER** (Specify) | | | | | | | 62-69 |

Use the answer choices in the box below to answer questions 2 and 3.

**Answer Choices:**

01=Assist parents as advocate
02=Babysitting
03=Conduct meetings on legal rights
04=Conduct meetings on medical problems
05=Conduct meetings on other topics
06=Conduct orientation meetings
07=Group counseling
08=Individual counseling
09=Newsletter for parents
10=Parent support network
11=Referral of parents to ancillary services
12=Social functions
13=Teaching methods/techniques to work with children
14=Transportation to parent meetings
15=Other (Specify under question.)

2. Considering all the services your program offers parents, indicate which one works best by writing in the space to the right the number of one answer choice given above .......... ______ 70-71

   If your answer is "15," specify here: ______________________________

3. Considering all the services your program offers parents, indicate which one needs the most improvement by writing in the space to the right the number of one answer choice given above .................................................................................. ______ 72-73

   If your answer is "15," specify here: ______________________________

4. What factors or aspects of the service indicated in Question 2 have contributed to its success for your program?

   ______________________________

   ______________________________

   ______________________________

   ______________________________

5. What recommendations for improvement do you have for the service you specified in Question 3?

   ______________________________

   ______________________________

   ______________________________

   ______________________________

6. Please specify any general recommendations for improving service to parents that you think other programs might find useful.

   ______________________________

   ______________________________

   ______________________________

   ______________________________

BEST COPY AVAILABLE **This concludes this questionnaire. Thank you.**

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## SERVICES TO PARENTS
**Parent Questionnaire**

Parent's Name: ____________________________________________

Sometimes programs that serve children with special needs also offer services to parents. This questionnaire asks about the services your child's program may or may not offer to you personally. Your frank responses and comments will be very helpful to find out what services are being offered and to understand your needs as parents.

**Directions:** To answer most of the questions on the following pages, you will be given a set of numbered answer choices from which you will be asked to write one of the numbers in a space to the right of each question. Some questions will ask you to write out your answers.

On the back of this page a variety of services to parents are listed and defined. However, *not all of these services may be offered in your child's program.* Please read carefully the definitions of each service before answering any questions.

**Example:**

1. What was the major reason you or your spouse did not participate in one or more of the services your child's program offers to parents? Using the answer choices below write the number of your answer in the space to the right. .................... __2__

**Answer Choices:**

**1=Did not have time.**
**2=No transportation**
**3=No babysitting**
**4=Did not think the activities would be any good.**
**5=Did not feel I/we needed a particular service.**
**6=Other family/work commitments**
**7=Not aware of services available.**
**8=Other (Specify: ____________________________________________)**
**9=I/We used all the services offered.**

An answer of "2" to the above question indicates that you or your spouse did not participate in one or more of the services your child's program offers to parents because you were not able to arrange for transportation.

Please use the reverse side of this page to clarify any of your answers.

Your responses will be coded to an identification number. All responses will be kept strictly confidential.

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MCPS 096-9933A, revised 2/83

**Definitions of Parent Services:**

**Assist parents as advocate**—Program staff take an active role to help parents obtain rights and be sure that the child is given the most appropriate education possible (e.g., program staff attend placement meetings with parents, help parents fill out forms and collect information, etc.).

**Babysitting**—Outside of school time hours someone in the program watches siblings and/or handicapped children so that parents can participate in program activities or meetings.

**Conduct meetings on legal rights**—Formal meetings in which parents are told about their rights under P.L. 94-142 and Maryland Bylaw 13.04.01 (e.g., due process procedures, the purpose of an Individualized Education Program, that they must be notified of changes in their child's program, etc.).

**Conduct meetings on medical problems**—Formal meetings where someone presents medical information such as diet for hyperactive children, how to use certain orthopedic devices, brain damage, etc.

**Conduct meetings on other topics**—Formal meetings for parents to hear and/or talk with someone on such topics as language development, discipline methods, motor development, etc.

**Conduct orientation meetings**—Meeting with parents to explain the program and to show them the program's facilities.

**Group counseling**—The provision, on a regular basis (e.g., every 2 weeks, once a month), of a counseling session with several parents (mothers and/or fathers). Topics include concerns about handicapped child as well as other family problems

**Individual counseling**—The provision, on a regular basis (e.g., every 2 weeks, once a month), of a counseling session with either one or both parents. Topics include concerns about handicapped child as well as other family problems.

**Newsletter for parents**—Letters, pamphlets, or brochures informing parents of the special activities being conducted in the program, about new developments in the field, or current political policies that might affect the field.

**Parent support network**—Formally established system of communication between parents. For example, a parent whose child has newly enrolled in the program is given several phone numbers of parents who he/she can contact for information and/or support.

**Referral of parents to outside services**—Program staff inform parents about and help them apply for other services they may need (e.g., food stamps, welfare, medical care, child care, etc.).

**Social functions**—Program conducts parties or picnics so that parents can get to know one another in an informal manner.

**Teaching parents methods/techniques to work with their child**—A program has, as an important part of its routine, time scheduled to formally teach parents using lectures or demonstrations how to work with their child.

**Transportation to parent meetings**—Program provides parents transportation to meetings the program staff have scheduled.

## SERVICES TO PARENTS
### Parent Questionnaire

**Office Use**

Form Code: 615 1-3
Program ID: ______ 4-5
Parent ID: ______ 6-8
9 blank

Program Name: ____________________

1. Show how satisfied you are with each service that is offered by your child's program by writing one of the answer choice numbers given below in the space next to each type of program service. Be sure that each space contains one of the answer choices.

**Answer Choices:**

**1=Program does not offer this service.**
**2=Program offers this service, but I/we did not participate.**
**3=Very satisfied**
**4=Satisfied**
**5=Neither satisfied, nor dissatisfied**
**6=Dissatisfied**
**7=Very dissatisfied**

Assist parent as advocate .......... ______ 10
Babysitting .......... ______ 11
Conduct meetings on legal rights .......... ______ 12
Conduct meetings on medical problems .......... ______ 13
Conduct meetings on other topics .......... ______ 14
Conduct orientation meetings .......... ______ 15
Group counseling .......... ______ 16
Individual counseling .......... ______ 17
Newsletter for parents .......... ______ 18
Parent support network .......... ______ 19
Referral of parents to outside services .......... ______ 20
Social functions .......... ______ 21
Teaching parents to work with children .......... ______ 22
Transportation to parent meetings .......... ______ 23
Other (Specify: ____________________) ______ 24

Use the answer choices below to answer questions 2 and 3 which ask about the most helpful and least helpful parent services *offered by your child's program.*

**Answer Choices:**

**1=Assist parents as advocate**
**2=Babysitting**
**3=Conduct meetings on legal rights**
**4=Conduct meetings on medical problems**
**5=Conduct meetings on other topics**
**6=Conduct orientation meetings**
**7=Group counseling**
**8=Individual counseling**
**9=Newsletter for parents**
**10=Parent support network**
**11=Referral of parents to outside services**
**12=Social functions**
**13=Teaching methods/techniques to work**
**14=Transportation to parent meetings**
**15=Other (Specify next to question.)**

2. a. Of all the services in which you or your spouse participated, which one did you find most helpful? Answer by writing the number of one answer choice above in the space to the right. ______ 25-26

b. What was it about the service you chose in Question 2a. that made it helpful to you?

______________________________________________

______________________________________________

3. a. Of all the services in which you or your spouse participated, which one did you find least helpful? Answer by writing the number of one of the answer choices listed above in the space to the right. ______ 27-28

b. How do you think the service you chose in Question 3a. could be improved?

______________________________________________

______________________________________________

4. What was the major reason why you or your spouse did not participate in one or more of the services your child's program offers to parents? Using the answer choices below, write the number of your answer in the space to the right. ______ 29

**Answer Choices:**

**1=Did not have time.**
**2=No transportation**
**3=No babysitting**
**4=Did not think the activities would be any good.**
**5=Did not feel I/we needed a particular service.**
**6=Other family/work commitments**
**7=Not aware of services available.**
**8=Other (Specify: ______________________________)**
**9=I/We used all the services offered.**

5. Is there anything that the program could do that would increase your or your spouse's participation in the services it offers?

______________________________________________

______________________________________________

6. What general recommendations would you make to your child's program that would improve the services it offers to parents?

______________________________________________

______________________________________________

**THIS CONCLUDES THIS QUESTIONNAIRE. THANK YOU.**

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**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## PERSONNEL DESCRIPTIVE INFORMATION
**Staff Questionnaire**

Name of Person Completing Form: ______________________________

The purpose of this questionnaire is to obtain information about services provided for preschool handicapped children. One area of interest is the background of the staff who provide these services. You can assist us in learning more about this area by completing the attached questionnaire.

**Directions:** Most of the questions on the following pages ask you to select an answer choice and write its corresponding number in a space next to each question.

**Example:**

What is/are your area/s of certification? To answer, write in the spaces below the number or numbers corresponding to the answer choices given. Spaces have been provided for you to indicate five areas of certification.

| | | | | |
|---|---|---|---|---|
| 2 | 4 | | | |
| Area I | Area II | Area III | Area IV | Area V |

**Answer Choices:**

**1=Administrative, Elementary**
**2=Administrative, Secondary**
**3=Audiology**
**4=Early Childhood Education**
**5=Elementary Education**

In this example the answers recorded in the spaces show that the respondent has certification in two areas; the "2" written in the space labeled Area I indicates that the person has certification in secondary administration and the "4" written in the space labeled Area II indicates certification in early childhood education.

Use the reverse side of this page to clarify any of your answer choices.

Your responses will be coded to an identification number (ID). All responses will be kept strictly confidential.

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MCPS 076-9933A, revised 2/83

## PERSONNEL DESCRIPTIVE INFORMATION
### Staff Questionnaire

**Office Use**

| | | |
|---|---|---|
| Form Code: | 230 | 1-3 |
| Program ID: | ______ | 4-5 |
| | | 6-8 blank |
| Staff Code: | ______ | 9-10 |

Program Name: ______________________________________________

1. What is your job title: ______________________________________________ ______ 11-12
(Leave space blank.)

2. What *three* activities do you perform most often in the preschool program? Code a "1" next to the activity you do more than any other, a "2" next to the activity you do second most, and a "3" next to the activity you perform third most. EACH NUMBER SHOULD BE USED ONLY ONCE.

| | | |
|---|---|---|
| Assist in classroom teaching | ______ | 13 |
| Assist in preparation of instructional materials | ______ | 14 |
| Classroom consultation | ______ | 15 |
| Classroom teaching | ______ | 16 |
| Educational assessment | ______ | 17 |
| Feeding therapy | ______ | 18 |
| Fine motor assessment | ______ | 19 |
| Gross motor assessment | ______ | 20 |
| Hearing testing | ______ | 21 |
| Home visits | ______ | 22 |
| Manage/supervise nonacademic activities (feeding, transportation, recess, etc.) | ______ | 23 |
| Observation | ______ | 24 |
| Occupational therapy | ______ | 25 |
| Paperwork | ______ | 26 |
| Parent counseling | ______ | 27 |
| Physical therapy | ______ | 28 |
| Psychological assessment | ______ | 29 |
| Sensory stimulation | ______ | 30 |
| Speech and language assessment | ______ | 31 |
| Speech therapy | ______ | 32 |
| Supervise school personnel | ______ | 33 |
| Teaching parents | ______ | 34 |
| Vision testing | ______ | 35 |
| Other (Specify: ______________________________) | ______ | 36 |

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3. If you have any of the degrees listed, indicate when you completed that degree by writing the year in the appropriate spaces below. If you do not have one of the degrees listed, write "99" in the spaces.

| | Year Completed | |
|---|---|---|
| Associate Degree | ____ | 37-38 |
| College Degree | ____ | 39-40 |
| Master's Degree | ____ | 41-42 |
| Doctoral Degree | ____ | 43-44 |

4. What is/are your area/s of certification? To answer, write in the spaces below the number or numbers corresponding to the answer choices given. Spaces have been provided for you to indicate five areas of certification.

| | | | | |
|---|---|---|---|---|
| ____ 45-46 | ____ 47-48 | ____ 49-50 | ____ 51-52 | ____ 53-54 |
| Area I | Area II | Area III | Area IV | Area V |

**Answer Choices:**

1=Administrative, Elementary
2=Administrative, Secondary
3=Audiology
4=Early Childhood Education
5=Elementary Education
6=Guidance
7=Occupational Therapy
8=Physical Therapy
9=Pupil Personnel Worker
10=Reading Specialist
11=School Psychology
12=Secondary Education
13=Special Education (K-12)
14=Speech Pathologist
15=Supervision, Elementary
16=Supervision, Secondary
17=Other
(Specify: ____________________)
18=Other
(Specify: ____________________)

**Directions for Questions 5-8:** Indicate in the spaces below how many years you have worked full-time and/or part-time. After calculating your total amount of work experience in years and months, convert months to years in the following manner: 5 or more months, round up and count as 1 year; less than 5 months, round down and do not count in your final answer. For example: if you have worked full-time for 10 years and 5 months, record "11" in the spaces labeled "full-time years." If you have worked full-time for 6 years and 4 months, record "6" in the appropriate spaces.

| | Full-time* | | Part-time* | |
|---|---|---|---|---|
| 5. How many years have you worked with handicapped children or adults? | ____ years | 55-56 | ____ years | 57-58 |
| 6. How many years have you worked with preschool children (birth to 5 years 11 months)? | ____ years | 59-60 | ____ years | 61-62 |
| 7. How many years have you worked with preschool handicapped children? | ____ years | 63-64 | ____ years | 65-66 |
| 8. How many years have you worked for this program? | ____ years | 67-68 | ____ years | 69-70 |

**THIS CONCLUDES THE QUESTIONNAIRE. THANK YOU.**

***Definitions:**

Full-time work refers to performing one's job in a program during all the hours that the program is in operation.

Part-time work refers to working for a program for any time less than all the hours that a program is in operation.

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## STUDENT/FAMILY DESCRIPTIVE INFORMATION
## Record Review Form

Completed by: ______________________________ Date Completed: ____________________

Child's Name: ______________________________________________________________

Program Name: ______________________________________________________________

**Directions:** Start this record review using the confidential and/or cumulative folders available at the child's program in the main office. The teacher's folder is the next place to search. If some of the information is missing or not available in these records, try to ask someone at the program (e.g., the child's teacher or program director) where the information might be located. The Placement Office file should be the next place you look for missing information.

The goal of this record review is to try to collect all necessary information on a child regardless of whether or not the information is actually in a specific folder. When you have tried each of the above sources, however, and the information is not available use the code 9 given in the attached Code Booklet to record that the data were not available.

To complete the record review, use the codes in the Code Booklet. This booklet is organized to correspond to the items on the record review form.

## STUDENT/FAMILY DESCRIPTIVE INFORMATION
**Record Review**

**Office Use**

Form Code: 830 1-3
Program ID: ______ 4-5
Child ID: ______ 6-8
Record No.: 1 9

**Child Demographics**

Birthdate: ______ ______ ______ YR MO DA 10-15

Sex: ______ 16

Race: ______ 17

Areas of Handicap: Current-IEP Disability Code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 21-22

Initial-IEP Disability Code . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 23-25

Areas of Indicated Need: ______ 26-27 ______ 28-29 ______ 30-31 ______ 32-33

Other: ______________________________________________ ______ 34

| | YR | MO | DA | |
|---|---|---|---|---|
| Date of Child's Initial ARD Meeting: . . . . . . . . . . . . . . . . . . . . . . | ______ | ______ | ______ | 35-40 |
| Date of Child's Entry to Current Program: . . . . . . . . . . . . . . . . . . . . | ______ | ______ | ______ | 41-46 |
| Date of 60-Day Review: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ______ | ______ | ______ | 47-52 |
| Date of Annual Review: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ______ | ______ | ______ | 53-58 |

**Family Demographics** Office Use 9 3 0 ____________ 2 1-9

Living Arrangement . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 10

Parent Information:

| | Female | | Male | |
|---|---|---|---|---|
| Occupational Status . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ______ | 11 | ______ | 12 |
| Employment Status . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ______ | 13 | ______ | 14 |
| Education . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ______ | 15 | ______ | 16 |
| Year of Birth . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . | ______ | 17-18 | ______ | 19-20 |

Siblings:

Birth order this child . . . . . . . . . . . . ______ 23-24 Number of Siblings . . . . . . . . . . . . . . . . ______ 25-26

Developmental Status . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 27

Primary Language:

Child . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 28 Home . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 29

**Developmental History**

Pregnancy and Delivery

Mother's health this pregnancy: ______________________________ ______ 30
Labor/Delivery Complication: ______________________________ ______ 31
Child's condition first few days: ______________________________ ______ 32

Early Developmental Landmarks

Motor skills: ______________________________ ______ 33
Language: ______________________________ ______ 34
Social-emotional: ______________________________ ______ 35
Self-help: ______________________________ ______ 36

**Medical History**

Prior health status: ______________________________ ______ 37
Present health status: ______________________________ ______ 38
Present medications/restrictions: ______________________________ ______ 39

**Prior Educational Enrollments**

Name of Program: ______________________________ ______ 40-41
From: ______________ to: ______________ Total Months: ______ 42-43
Frequency (hours/week) .................................... ______ 44-45
Type of service(s) received .................... ______ 46-47 ______ 48-49 ______ 50-51
Frequency of each service (hours/week) .................... ______ 52-53 ______ 54-55 ______ 56-57

Name of Program: ______________________________ ______ 58-59
From: ______________ to: ______________ Total Months: ______ 60-61
Frequency/week (hours/week) .................................... ______ 62-63
Type of service(s) received .................... ______ 64-65 ______ 66-67 ______ 68-69
Frequency of each service (hours/week) .................... ______ 70-71 ______ 72-73 ______ 74-75

**Child Demographics**

Birthdate: Record child's date of birth in the following order: Year, Month, Day. If date not available code 9's in these spaces.

Sex:

1=Male
2=Female

Race:

1=American Indian or Alaskan Native
2=Asian/Pacific Islander
3=Black (Not of Hispanic Origin)
4=White (Not of Hispanic Origin)
5=Hispanic
9=Information not available

IEP Disability Code (Federal Census Code):

01=Mentally Retarded
02=Hard-of-hearing
03=Deaf
04=Speech and Language Impaired
05=Visually Handicapped
06=Emotionally Impaired
07=Orthopedically Impaired
08=Other Health Impaired
09=Specific Learning Disabilities
10=Multi-handicapped
11=Child in Need of Assessment
12=Deaf/Blind
99=Information not available

Areas of Indicated Need:

01=audiological
02=fine motor
03=gross motor
04=intellectual/problem solving
06=social/emotional/behavioral functioning
07=speech and language/oral motor functioning
08=visual
09=medical
10=Other

Dates: Record year, month and day. If date not available record 99 in the appropriate columns.

**Family Demographics**

Living Arrangement:

1=With both natural parents
2=With one natural parent/one step-parent
3=With one natural parent/other adult(s)
4=With one natural parent
5=With relative(s) other than parent
6=With foster parent(s)
7=With adoptive parent(s)
8=Other (Specify on form.)
9=Unknown

Occupational Status (Head of Household):

1=Semi-skilled and unskilled
2=Clerical and skilled
3=Professional, managers
9=Unknown

Education:

1=Less than 12 years
2=12 years
3=13-16 years
4=Over 16 years
9=Unknown

Siblings Birth Order and Number: Enter right justified numbers for both entries. For example, if the child has 2 siblings, code "02." Use code 99 if information not available.

Sibling's Developmental Status:

1=Developmental delays for one sibling.
2=Developmental delays for two siblings, etc.
8=No developmental delays indicated for any sibling.
9=No information available.

Primary Language:

1=English
2=Spanish
3=French
4=German
5=Other (Specify on form.)
9=Information not available.

**Developmental History** (codes for all categories):

1=No difficulties/complications.
2=Difficulties/complications (Specify on form.)
9=Information not available.

**Medical History**

Health Status:

1=No evidence of medical problems.
2=Evidence of medical problem.
9=Information not available.

Present medications/restrictions:

1=No, medications received and/or restrictions given.
2=Yes, medications received and/or restrictions given.
9=Information not available.

**Prior Educational Experiences:**

Program Name/Code: Use same identification numbers here as developed to indicate programs on other forms.

Frequency of program service:

01, 02, 03...04 hours per week
80=One time service only
90=Recheck periodically
99=Information not available.

Type of service:

20=Speech pathology/audiology
21=Psychological services
22=Occupation therapy
23=Physical therapy
24=Recreation
25=Early identification/assessment
26=Counseling services
27=Vision
28=Auditory
29=Regular early childhood program
99=Information not available.

COMPONENT: Program Effectiveness

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## Special Notes on the Instruments

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SUBCOMPONENT: Changes in the Family

### Family Characteristics, Parent Questionnaire, Forms I and II

Questions 1b and 2b. Summarizing parent occupations can be simplified if responses are categorized into larger descriptive groups. For example, occupations listed could be classified into three broad areas: professional/managerial, skilled and unskilled. These categories can then be assigned codes of 1, 2, 3, respectively, and coded on the response sheet to simplify computer entry or hand-tallying of the data.

Note also that no line is printed next to these questions where this code could be written; nor is there a card column number listed. It was felt that including these items could be confusing to the respondent. However, space has been provided on the form to write in a code and a card column number has been skipped so that a one-digit code could be entered onto the computer (card column 11 for question 1b and 13 for question 2b).

Question 4, Forms I and II. Space is provided for the respondent to enter the birthdates of his/her children. For the purpose of summarizing the responses, you should calculate the children's ages in months. To enter this date into the computer, card columns reserved for this are set up so that the child's age can be recorded in the first three columns and the child's sex coded in the last column. For example, the card columns 17 through 20 are reserved to enter Child 1's age and sex. If the child is 22 months old, the numbers 022 should be coded next to the Birthdate column and can be entered in the computer in columns 17, 18 and 19. The number written by the respondent to indicate the child's sex can be entered in column 20.

Calculating and writing the sibling's ages next to the Birthdate column on the questionnaire also serves to organize the data in a form which facilitates hand-tallying.

Form II, Question 9. If you use a computer, the answers to this question need to be right justified (refer to Data Processing in Managing Data).

Access to a computer is not necessary to use this instrument.

### Family Characteristics, Parent Educator/Coordinator

You should be cautious in using and interpreting the information obtained in this questionnaire. This concern is based on the fact that the information requested of the respondent is very subjective. It might be interesting to have more than one staff person complete this questionnaire on the same set of parents.

Master List. To complete this questionnaire the respondent is given a master list of parent names and ID's. The questionnaire was set up this way because of concerns that respondents would be hesitant to complete this information on a form with parent names. While including a master lists from which numbers need to be transcribed increases the possibility that an error could be made, errors can be minimized if the user maintains a copy of the master list and compares ID's when the completed questionnaires are returned.

Also, if the respondent is sent a master list, for purposes of confidentiality, you should not give the respondent the actual ID's that you are using to identify parents or to analyze the data.

A computer is not required to summarize the information obtained from this instrument.

*****

SUBCOMPONENT: Service Delivery

Service Delivery, Teacher Questionnaire

This form can be used as frequently as needed. The more it is used the more reliable the scheduling information will be. The reason for this is that the respondent will have to remember children's schedules for shorter periods of time. The first time the form is used, it needs to be completely filled out; each subsequent time it is used the respondent can be asked to note only the changes that occur in the child's schedule.

You need to assign the Date Code on this form. You can be use it to identify the week of the study, the week of the school year, etc.

No card column numbers have been assigned or written on the response sheet in order to simplify the appearance of the form for the respondent. An example of how the data recorded on this form could be assigned card column numbers is included in the Appendix D, Format, Codes and Identification Numbers.

This form can be revised easily so that the information is requested for a period of a week rather than for each day. At this time there really are no guidelines for how precise this data should be should you want to relate it to student gains. If you plan to do any higher level analyses using this data other than to describe how much of these services a child is scheduled to receive, you should err in the direction of more detailed collection.

To calculate the amount of time a child was scheduled to receive each service might be done more efficiently if done by hand. It is, however, a timely process, particularly if the information is collected for each day of the week. The advantage of this though is that the information will be more precise. Using a computer will certainly help these calculations; but will require numerous records of data on each child. If you have the computer space and time, do it.

If you also collect information on attendance, you can estimate the amount of services the child actually received.

**Service Delivery, Parent Questionnaire**

Question 2. Is you use a computer, the answers to this question need to be right justified (refer to Data Processing in Managing Data.

You do not need to have access to a computer to use this instrument.

**Child and Classroom Activity, Classroom Observation System**

This observation system provides a "snap-shot" sampling of activities which will produce an representative picture of the child's typical classroom activity and behavior.

The activity area codes were developed to encompass the range of activities that occur in preschool special education classrooms, regardless of the children's handicapping condition. However, should you encounter an activity that does not fit into one of the defined activity areas, you can use the "other/unknown" code. Frequent use of this category is discouraged.

It is the nature of preschool special education curricula that some classroom activities seem best characterized by more than one activity area code. The coding directions specify that the observer choose the one code that best describes the primary nature of the child's overall activity.

A multi-focus activity may be coded with a different activity area code at different times during the activity. For example, a nature walk would generally be coded as "active/outdoor play," but would shift to "language arts/story" if the teacher stopped to teach a new word, like "butterfly."

The child's activity area can change quickly. For example, during snack time, the activity area could quickly shift from "eating/feeding" while the child is chewing to "language arts/story" if the teacher begins a discussion about the color of the food the children are eating.

Some classroom activities may require explanation by the teacher before they can be coded. These explanations should be obtained after an observation period.

Additionally, situations in which children are "out of the room" may require explanation before an activity area code can be appropriately chosen. These out of the room codes could be collapsed into one activity area code if you are not interested in knowing why the child was out of the room. If this is the case, you must realize that you may lose important information by doing so; it may be that the child never receives speech therapy in the classroom. However, if you are concerned with activities only as they occur in the classroom, you would be justified in collapsing these categories.

If several children leave the room simultaneously the observer should stay with the largest number of children being observed and code the other children in one of the "out of the room" categories.

In the Communication category, it is often difficult to distinguish between "listening" and "not communicating." To facilitate making this decision, behavioral cues and examples have been included in the definitions of these categories in the directions for the observation system.

Access to a computer would greatly facilitate summarizing the data collected with this instrument, particularly if you conduct a large number of observations.

*****

SUBCOMPONENT: Services to Parents

Services to Parents, Parent Questionnaire

The list of services about which parents are to comment may occasionally be misinterpreted by parents as being services which their child's program actually offers. The directions on the questionnaire's cover sheet emphasize that not all of the services may be offered by the child's program; however, you may want to mention this also in a cover letter that would accompany the questionnaire.

Questions 2 and 3. If you use a computer, the answers to these question need to be right justified (refer to Data Processing in Managing Data).

A computer is not needed to summarize the data collected with this instrument.

Services to Parents, Parent Educator/Coordinator Questionnaire

This questionnaire can be completed by program staff who are in frequent contact with parents. A program does not have to have a parent educator in order to use this questionnaire.

Because computer cards contain 80 columns in which data can be recorded and this questionnaire requires more space than that, the questionnaire has be set up to have responses coded on two cards. Card column numbers in the right margin go from 1 to 77 and then the user/keypuncher is instructed to duplicate columns 1 to 12 for the second card and to enter a 2 to designate the record number. Card column numbers then go up to 73.

Access to a computer would certainly make summarizing the information collected with this questionnaire much easier, however, it is not absolutely essential in order to use the instrument.

*****

SUBCOMPONENT: Staff/Student Descriptive Information

Personnel Descriptive Information, Staff Questionnaire

Questions 5 to 8. Is you use a computer, the answers to these question need to be right justified (refer to Data Processing in Managing Data).

Access to a computer is not necessary to use this instrument.

**Student/Family Descriptive Information**

Because this questionnaire requires more space than can be recorded on one computer card, it was necessary to set it up to have responses coded on two cards. Card column numbers in the right margin go from 1 to 58; a space is then designated for office use in which the form code is printed, space is left for the user to enter a program's and a child's ID's and the column for the record number is label as 2.

Use of a computer would facilitate the analysis of the data collected using this instrument, however, it is not essential to its use.

## COMPONENT: Program Management

Description of Subcomponents
Chart of Data Collection Instruments
Evaluation Study Questions
When To Use the Data Collection Instruments
Data Collection Instruments
Special Notes on the Instruments

---

## Description of Subcomponents

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The Communication subcomponent focuses on how information is conveyed among staff and between staff and parents. Staff and parent satisfaction with and recommendations to improve a program's communication procedures are examined.

*****

The Record Keeping subcomponent examines staff views on and responsibilities in their program's record keeping procedures. It also provides a means to evaluate various aspects of how well the contents of student folders are maintained.

---

COMPONENT: Program Management

| Instruments | Subcomponents | |
|---|---|---|
| | Communication | Record Keeping |
| Program Director Questionnaire | | X |
| Staff Questionnaire | X | X |
| Parent Questionnaire | X | |
| Record Review Rating Form | | X |

COMPONENT: Program Management
SUBCOMPONENT: Communication

---

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. How satisfied are program staff with various aspects of the communication:<br>a. between staff and administrators,<br>b. among staff, and<br>c. between staff and parents? | Communication, Staff Questionnaire |
| 2. What is the most effective manner of communication and the most frequent problems staff have found when communicating with administrators, other staff and parents? | Communication, Staff Questionnaire |
| 3. What recommendations do staff have for improving communication with administrators, other staff, and parents? | Communication, Staff Questionnaire |
| 4. With whom, how frequently and in what way do parents communicate with program staff? | Communication, Parent Questionnaire |
| 5. How satisfied are parents with various aspects of the communication that exists between them and program staff? | Communication, Parent Questionnaire |
| 6. What recommendations do parents have for improving communication between themselves and program staff? | Communication, Parent Questionnaire |

**COMPONENT:** Program Management
**SUBCOMPONENT:** Record Keeping

## Evaluation Study Questions

| Question | Instrument |
|---|---|
| 1. What are a program's record keeping procedures? | Record Keeping, Program Director/Coordinator Questionnaire |
| 2. How much time do program directors and staff spend maintaining student records? | Record Keeping, Program Director/Coordinator and Staff Questionnaires |
| 3. How satisfied are program directors and staff with various aspects of their program's record keeping procedures? | Record Keeping, Program Director/Coordinator and Staff Questionnaires |
| 4. What recommendations do program directors and staff have for other programs who are interested in improving their record keeping procedures? | Record Keeping, Program Director/Coordinator and Staff Questionnaires |
| 5. How well organized is information maintained in student folders?<br>a. Is a listing of the forms in the folder available?<br>b. Is all the information requested on the forms completed?<br>c. Is there a large amount of duplication of information?<br>d. Are the forms clearly identified by title?<br>e. Are the dates the forms were completed marked on the forms? | Record Keeping, Record Review Form |

COMPONENT: Program Management

## When to Use the Instruments

SUBCOMPONENT: Communication

| Instrument | When to Use |
|---|---|
| Communication, Staff Questionnaire | Mid-year or at the end of the school year. |
| Communication, Parent Questionnaire | Mid-year or at the end of the school year. |

*****

SUBCOMPONENT: Record Keeping

| Instrument | When to Use |
|---|---|
| Record Keeping, Program Director Questionnaire | At any time during the school year. |
| Record Keeping, Staff Question-Questionnaire | At any time during the school year. |
| Record Keeping, Record Review Form | At any time during the school year. |

COMPONENT: Program Management

## Data Collection Instruments

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## COMMUNICATION PROCEDURES
**Staff Questionnaire**

Name of Person Completing Form: ______________________________

An important aspect of a program's effectiveness is how information is transferred among program administrators and staff, as well as between these individuals and parents. This questionnaire focuses on the types and status of the communication procedures that currently exist in your program. As a staff member you are intimately involved in your program's communication network and your knowledge is valuable to the understanding and improvement of this network.

**Directions:** To answer most of the questions on the following pages you will be asked to write a number corresponding to a given set of answer choices in a space to the right of the question. Some questions will ask you to write out your answer.

**Example:**

The statements listed in this question characterize various aspects of the relationships among individuals working with preschool handicapped children. Use the answer choices to indicate your opinion of each statement with respect to the program for which you work.

**Answer Choices:**

**1=Very satisfactory**
**2=Satisfactory**
**3=Adequate**
**4=Needs some improvement**
**5=Needs much improvement**
**6=Not applicable**

**Communication Between Supervisors and Staff**

Quality of information given staff on management decisions ............ 4

Amount of feedback given staff on their work ........................ 2

An answer choice of "4" in the first space means that the quality of information given staff on management decisions needs some improvement. An answer choice of "2" in the second space means that staff received a satisfactory amount of feedback on their work.

Please use the reverse side of this page to clarify any of your answers.

Your responses will be coded to an identification number (ID). All responses will be kept strictly confidential. Only the evaluation staff will have access to the key which links names to IDs.

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## COMMUNICATIONS PROCEDURES
### Staff Questionnaire

**Office Use**

| | |
|---|---|
| Form Code: 225 | 1-3 |
| Program ID: ______ | 4-5 |
| | 6-8 blank |
| Staff ID: ______ | 9-10 |

Program Name: ______________________________

Job Title of Person Completing Form: ______________________________ ______ 11-12

1. The statements listed in this question characterize various aspects of the relationship among individuals working with preschool handicapped children. Use the answer choices to indicate your opinion of each statement with respect to the program for which you work.

**Answer Choices:**

**1=Very satisfactory**
**2=Satisfactory**
**3=Adequate**
**4=Needs some improvement**
**5=Needs much improvement**
**6=Not applicable**

**Communication Between Supervisors and Staff**

| | | |
|---|---|---|
| Quality of information given staff on management decisions which affect them | ______ | 13 |
| Amount of feedback given staff on their work | ______ | 14 |
| Quality of feedback given staff on their work | ______ | 15 |
| Opportunity given staff to express opinions to supervisors | ______ | 16 |
| Encouragement of staff to express opinions to supervisors | ______ | 17 |
| Respect shown by supervisors for opinions of staff | ______ | 18 |
| Opportunity for staff to express opinions regarding program policies | ______ | 19 |

**Communication Among Staff**

| | | |
|---|---|---|
| Respect shown by staff for other staff's opinion | ______ | 21 |
| Exchange of information among staff working with the same child | ______ | 22 |
| Cooperative spirit among staff | ______ | 23 |
| Frequency of interactions among staff | ______ | 24 |
| Quality of interactions among staff | ______ | 25 |

**Communication with Parents**

| | | |
|---|---|---|
| Frequency of communication with parents | ______ | 27 |
| Quality of communication from parents | ______ | 28 |
| Amount of parent participation in parent programs/meetings | ______ | 29 |
| Parent responsiveness to staff phone calls or requests | ______ | 30 |

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2. This question consists of three parts. To answer each part, you must record your answer choices in the chart below.

   a. In Column A, indicate the most effective means you have found to communicate with each person listed in the chart. Write the number of one of the answer choices below in the chart next to each staff position.

      **Answer Choices:**

      1=In writing (letter, memo, notes, daily log)
      2=Direct personal communication (informal/formal meetings)
      3=Through another person who works in a liaison position
      4=Telephone
      5=I never have any contact with this person
      6=Not applicable; this position does not exist in my program.
      7=Other (Specify: ______________________________ )

   b. In Column B, indicate the most frequent problem you have encountered when communicating with each person. Write the number of one of the answer choices below in the chart next to each staff position.

      **Answer Choices:**

      1=Individual is generally not available due to scheduling problems or work load.
      2=Individual is not responsive to my opinions or suggestions; there is generally no follow through on my recommendations.
      3=Individual does not really understand issues; has limited knowledge of program/children.
      4=Individual does not take the initiative to communicate with me.
      5=Must go through time consuming and often ineffective "proper channels" to convey information.
      6=Frequent misunderstandings; educational philosophies different.
      7=Individual's behavior is inconsistent.
      8=Not applicable.
      9=Other (Specify: ______________________________ )

   c. In Column C, write any recommendations you have which could improve your communication with each individual or group.

| | A | B | C | |
|---|---|---|---|---|
| Program Director (if he or she is not your supervisor) | ___ | ___ | ______ | 31-32 |
| Immediate Supervisor | ___ | ___ | ______ | 33-34 |
| Support Staff (PT, OT, Speech Therapist, etc.) | ___ | ___ | ______ | 35-36 |
| Classroom staff (teacher or aide) | ___ | ___ | ______ | 37-38 |
| Parents | ___ | ___ | ______ | 39-40 |
| Physicians | ___ | ___ | ______ | 41-42 |

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**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## COMMUNICATION PROCEDURES
### Parent Questionnaire

Parent's Name:______________________________

An important part of providing educational services is how easily information is exchanged among program staff and the parents. This questionnaire is designed to find out what communication procedures exist between you and the staff at your child's program.

**Directions:** To answer most of the questions on the following pages you will be asked to write a number in a space to the right of the question. You will be given a set of numbered answer choices to use.

**Example:**

In Column A, show how frequently during the past school year you talked with each person. Write next to each staff position one of the answer choices given below.

**Answer Choices**

1=Never, whether or not the program has one with whom to talk.
2=Once during the school year.
3=Twice during the school year.
4=Monthly
5=Every 2 weeks
6=Once a week
7=Daily
8=Other (Specify this on the chart.)

| Program Staff | (A) Frequency |
|---|---|
| Program director/coordinator | 2 |
| Classroom Teacher | 6 |

An answer choice of "2" in the above chart means that you spoke to the director of your child's program once during this school year. An answer choice of "6" in the chart means that you spoke to your child's classroom teacher approximately once a week during this school year.

Please clarify any of your responses on the reverse side of this page.

Your responses will be coded to an identification number (ID). All responses will be kept strictly confidential. Only the evaluation staff will have access to the key which links names to IDs.

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MCPS 100-9933A, revised 3/83

**COMMUNICATION PROCEDURES**
**Parent Questionnaire**

**Office Use**

Form Code: 625 1-3
Program ID: ______ 4-5
Parent ID: ______ 6-8
9 blank

Program Name: ______________________________

1. This question has two parts which are to be answered by completing the chart below. The chart lists the different types of staff who may be in your child's program and you need to show (a) how frequently you talk with the staff at your child's program and (b) in what form you communicate with them.

   A. In Column A, show how frequently during the past school year you talked with each person. Write next to each person one of the answer choices given below.

   **Answer Choices**

   **1=Never, whether or not the program has one with whom to talk**
   **2=Once during the school year**
   **3=Twice during the school year**
   **4=Monthly**
   **5=Every 2 weeks**
   **6=Once a week**
   **7=Daily**
   **8=Other (Specify this on the chart.)**

   B. In Column B, show the form in which you generally communicated with each person by writing one of the answer choices given below in the appropriate space.

   **Answer Choices**

   **1=Never communicated with this person.**
   **2=Wrote letter(s) or memo(s).**
   **3=Made phone call(s).**
   **4=Talked with at a parents' meeting.**
   **5=Talked with informally.**
   **6=Talked with at a conference about my child.**
   **7=Other (Specify this on the chart.)**

**RECORD ANSWERS TO QUESTION 1 IN THIS CHART**

| Program Staff | (A) Frequency | (B) Form | |
|---|---|---|---|
| Program director/coordinator | | | 10-11 |
| Classroom teacher | | | 12-13 |
| Physical therapist | | | 14-15 |
| Occupational therapist | | | 16-17 |
| Speech therapist | | | 18-19 |
| Parent educator/coordinator | | | 20-21 |

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2. The statements listed below characterize different aspects of the relationships among parents and program staff. Indicate how you would rate your child's program on each item by writing the number of one of the answer choices in the space to the right of each statement.

**Answer Choices:**

1=Excellent
2=Very Good
3=Adequate
4=Needs Some Improvement
5=Needs Much Improvement

Frequency of communication with parents ........................................ ______ 22
Quality of communication with parents ........................................ ______ 23
Sensitivity of staff to parents' needs ........................................ ______ 24
Encouragement of parents to express their opinions about program practices ........ ______ 25
Staff responsiveness to parent phone calls or requests ........................ ______ 26
Quantity of information given parents on management decisions which affect them ... ______ 27
Opportunity for parents to participate in establishing program policies .............. ______ 28

3. All things considered, how satisfied are you with the communication you have had with the staff in your child's program? Select an answer from the answer choices below and write the corresponding number in the space to the right ........................................ ______ 29

**Answer Choices:**

1=Very satisfied
2=Satisfied
3=Neither satisfied, nor dissatisfied
4=Dissatisfied
5=Very dissatisfied

4. What suggestions or recommendations do you have for your child's program that would improve its communication with parents?

______________________________________________

______________________________________________

______________________________________________

______________________________________________

THIS CONCLUDES THIS QUESTIONNAIRE. THANK YOU.

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**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## RECORD KEEPING
**Program Director/Coordinator**

In every educational program certain information about the children being served is needed. Procedures for collecting and maintaining this information vary from one program to another. The purpose of this questionnaire is two-fold: (1) to find out what procedures are currently being used in your program and (2) to ask your opinions and recommendations concerning record keeping practices.

**Directions:** To answer most of the questions on the following pages you will be asked to write a number in a space to the right of the question. These numbers will correspond to a set of answer choices for each question. Some questions will ask you to write out your answer.

**Example:**

Using the answer choices provided, please rate your degree of satisfaction with each of the items listed below by writing the number of your answer choice on the lines to the right.

**Answer Choices:**

**1=Very satisfied**
**2=Satisfied**
**3=Neither satisfied nor dissatisfied**
**4=Dissatisfied**
**5=Very dissatisfied**

Current record keeping practices .............................. 1

Number of forms to be completed .............................. 3

An answer choice of "1" next to "current record keeping practices" means that you are very satisfied with the current record keeping practices used in your program. An answer choice of "3" next to "number of forms to be completed" means that you are neither satisfied nor dissatisfied with the number of forms that you need to complete.

Your responses will be coded to an identification number (ID). All responses will be kept strictly confidential. Only the evaluation staff will have access to the key which links names to IDs.

## RECORD KEEPING
Program Director/Coordinator

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**Office Use**

| | |
|---|---|
| Form Code: 120 | 1-3 |
| Program ID: ______ | 4-5 |
| | 6-8 blank |
| Staff Code: ______ | 9-10 |
| | 11 blank |

Program Name: ____________________________________________

1. This question asks about several aspects of the record keeping process in your program. Please record your answers in the chart by following the directions given below.

   A. Under Column A on the chart, record the number of one of the answer choices below to indicate in which type of folder each information is filed.

   **Answer Choices:**

   1=Confidential folder*
   2=Cumulative folder*
   3=Classroom folder
   4=Folder kept by support staff (PT, OT, etc.)
   5=Medical or health folder
   6=General office folder
   7=Other
   (Specify: ________________________________)
   8=Combination of 1 through 7
   (Specify combination: ________________________)

   B. Under Column B on the chart, record the number of one of the answer choices below to indicate where each type of information is maintained.

   **Answer Choices:**

   1=Program Main Office
   2=Classroom
   3=County Placement Office
   4=Nurse/Health Office
   5=Other
   (Specify: ________________________________)
   6=Combination of 1 through 5
   (Specify combination: ________________________)

   C. Under Column C, record the number of one of the answer choices below to indicate on which form each type of information is recorded.

   **Answer Choices:**

   1=On a county form
   2=On a state form
   3=On a form developed by program staff
   4=Combination of 1 through 3
   (Specify combination: ________________________)

| | A. Folder Title | B. Location | C. Type of Form | |
|---|---|---|---|---|
| Psychologicals | | | | 12-14 |
| Prior educational history | | | | 15-17 |
| County IEP | | | | 18-20 |
| Program IEP (detailed form) | | | | 21-23 |
| Letters to parents | | | | 24-26 |
| Minutes of meetings about child | | | | 27-29 |

2. What is your best estimate of how much total time in hours and minutes during *an average month* that you personally spend filling out student information forms? Please consider both peak and low periods during the school year when certain forms must be completed and estimate the average amount of time you spend completing forms on a *monthly* basis. Record your answer in the spaces to the right. If your answer is 8 hours, record "8" in the space labeled "Hours," and "0" in the space labeled "Minutes."

Minutes ______ 31-32

Hours ______ 33-34

3. Using the answer choices provided, please rate your degree of satisfaction with each of the items listed below by writing the number of your answer choice in the spaces to the right.

**Answer Choices:**

**1=Very satisfied**
**2=Satisfied**
**3=Neither satisfied nor dissatisfied**
**4=Dissatisfied**
**5=Very dissatisfied**

Current record keeping practices ........................................ ______ 35
Number of forms to be completed ........................................ ______ 36
Completeness of information filed ........................................ ______ 37
Ability to locate information when needed ........................................ ______ 38
Usefulness of information on forms ........................................ ______ 39
Notification that new information was added to a child's folder ........................ ______ 40

4. What features of your record keeping procedures have worked particularly well and could be recommended to other program staff who wish to improve their procedures?

______________________________________________

______________________________________________

______________________________________________

______________________________________________

5. If your program has developed and uses forms other than those developed by the county or state, please indicate why you developed your own program forms.

______________________________________________

______________________________________________

______________________________________________

______________________________________________

THIS CONCLUDES THIS QUESTIONNAIRE. THANK YOU.

***Definitions**

**Confidential folder**—Contents include: referral for special services or to County Health Department; reports from public and private agencies; verified reports of serious or recurrent patterns of behavior; teacher and counselor ratings or observation; psychological evaluations.

**Cumulative folder**—Contents include: background information on child, test records, and copies of reports to parents and correspondence to and from parents.

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## RECORD KEEPING
**Staff Questionnaire**

Name of Person Completing Form: ____________________

Job Title: ____________________

In every educational program certain information about the children being served is needed. Procedures for collecting and maintaining this information vary from one program to another. The purpose of this questionnaire is two-fold: (1) to find out what procedures are currently being used in programs for handicapped preschoolers and (2) to ask your opinions and recommendations concerning record keeping practices.

**Directions:** To answer most of the questions on the following pages you will be asked to write a number in the space to the right of the question. These numbers will correspond to a set of answer choices provided for each question. Some questions will ask you to write out your response.

**Example:**

Write the number of one of the answer choices below to indicate which information you are responsible to record or collect.

**Answer Choices:**

**1=I record this information.**
**2=I do not record this information.**

Attendance information . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . __1__

An answer of "1" to this question means that you are personally responsible to record attendance information.

Please use the reverse side of this page to clarify any of your answers.

Your responses will be coded to an identification number. All responses will be kept strictly confidential.

MCPS 101-9933A, revised 2/83

## RECORD KEEPING
**Staff Questionnaire**

**Office Use**

| | |
|---|---|
| Form Code: 220 | 1-3 |
| Program ID: ______ | 4-5 |
| | 6-8 blank |
| Staff ID: ______ | 9-10 |
| Position Code: ______ | 11-12 |

Program Name: ________________________________________

1. Write the number of one of the answer choices below to indicate which information you are personally responsible to record or collect. Be sure to write a number on each line.

**Answer Choices:**

**1=I record this information.**
**2=I do not record this information.**

| | | |
|---|---|---|
| Attendance information | ______ | 13 |
| Test Scores | ______ | 14 |
| Test protocols | ______ | 15 |
| Psychologicals | ______ | 16 |
| Developmental history | ______ | 17 |
| Prior educational history | ______ | 18 |
| Vision test results | ______ | 19 |
| Auditory test results | ______ | 20 |
| Medical history | ______ | 21 |
| Current medical status | ______ | 22 |
| Anecdotal notes | ______ | 23 |
| County IEP | ______ | 24 |
| Program IEP | ______ | 25 |
| Daily/Weekly schedule of services | ______ | 26 |
| Family background | ______ | 27 |
| Letters to parents | ______ | 28 |
| Record of phone calls to parents | ______ | 29 |
| Parent permission slips | ______ | 30 |
| Minutes of meetings about child | ______ | 31 |
| Other (Specify: ______________________________) | ______ | 32 |

2. What is your best estimate of how much total time in hours and minutes *over an average month* you personally spend filling out student information forms*? Please consider both peak and low periods during the school year when certain forms must be completed and estimate the average amount of time you spend completing forms on a *monthly* basis. Record your answer on the lines to the right. If your answer is 8 hours, record "8" on the line labeled "Hours" and "0" on the line labeled "Minutes."

Minutes ______ 33-34

Hours ______ 35-36

3. Using the answer choices provided please rate your degree of satisfaction with each of the items listed below by writing the number of your answer choice on the lines to the right.

**Answer Choices:**

**1=Very satisfied**
**2=Satisfied**
**3=Neither satisfied nor dissatisfied**
**4=Dissatisfied**
**5=Very dissatisfied**

Current record keeping practices .................................................. ______ 37
Number of forms to be completed .................................................. ______ 38
Completeness of information filed .................................................. ______ 39
Ability to locate information when needed .......................................... ______ 40
Usefulness of information .......................................................... ______ 41
Notification that new information was added to a child's folder ...................... ______ 42

4. What features of your record keeping procedures have worked particularly well and could be recommended to other program staff who wish to improve their procedures?

______________________________________________

______________________________________________

______________________________________________

5. In addition to county, state, or program forms which need to be completed and filed, are you also using forms you personally developed? Using the following answer choices below, please write the number of your answer on the line to the right. .................................................. ______ 43

**Answer Choices:**

**1=Yes**
**2=No**

IF YOUR ANSWER IS "NO," STOP HERE; YOU HAVE COMPLETED THIS QUESTIONNAIRE.

QUESTIONS 6-7 REFER ONLY TO FORMS USED SOLELY BY YOU.

6. What type(s) of information do you collect using the forms you developed?

________________________________________

________________________________________

________________________________________

7. Why did you develop your own forms?

________________________________________

________________________________________

________________________________________

**THIS CONCLUDES THIS QUESTIONNAIRE. THANK YOU.**

***Forms**—Any document completed and maintained by a program on which information about a student or his/her family is recorded.

**Preschool Evaluation Project**
**Montgomery County Public Schools**
**Rockville, Maryland**

## RECORD KEEPING
## Record Review Form

Completed by: ______________________________ Date Completed: ____________________

Child's Name: ______________________________________________________________

Program Name: ______________________________________________________________

**Directions:** This record review examines the effectiveness of record keeping procedures in student files maintained by programs for preschool handicapped children. This review can be used with students' confidential or cumulative files.

It is very important for the reviewer to become completely familiar with the items indicated on the record review form before reviewing the information in the student's file. Most items on the form can be answered by selecting the appropriate response from a given list of possible answer choices.

MCPS 071-9933B, revised 3/83

## RECORD KEEPING
### Record Review Form

**Office Use**

Form Code: 820 1-3
Program ID: ______ 4-5
Child ID: ______ 6-8
File Code: ______ 9

**General Information**

1. Name of the file being reviewed: ____________________________________________

2. Is there a form or some document that lists the contents of what is in the student's file? . . ______ 10

**Answer Choices:**

1=Yes
2=No

3. Use the following set of answer choices for the following questions:

**Answer Choices:**

1=Not applicable
2=Never (0% of the time)
3=Seldom (30% or less of the time)
4=Sometimes (31%-59%)
5=Most of the time (60%-99% or more)
6=Always (100%)

Information requested on the records is complete (e.g., all necessary information is filled in) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 11
Record forms are clearly dated so you know when they were completed . . . . . . . . . . . . ______ 12
Information is filed systematically (e.g., according to such criteria as date, type of information, etc.) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 13
Information is written legibly . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ______ 14
Duplication of information is found within the file . . . . . . . . . . . . . . . . . . . . . . . . . ______ 15
Forms have titles or are clearly identified by some system such as color or number . . ______ 16

**Specific Information on IEP**

1. Is the child's IEP for the current school year in the folder being reviewed? . . . . . . . . . . . . . ______ 20

**Answer Choices:**

1=The IEP is available.
2=Only part of the IEP is available.
(Specify which parts: ____________________________________)
3=The IEP is not available.

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2. Write the number of one of the answer choices below to show if the following information is recorded on the child's current IEP.

**Answer Choices:**

1=Information is recorded
2=Information is not recorded.

Persons attending the IEP meeting .......... ____ 21
Child's disability code .......... ____ 22
Statement of child's present level of performance .......... ____ 23
Statement of annual goals .......... ____ 24
Statement of short term objectives .......... ____ 25
Criteria for determining if short term objectives are being achieved .......... ____ 26
Statement of services needed .......... ____ 27
Date when services will begin .......... ____ 28
Duration of service .......... ____ 29
Extent to which child will participate in regular educational program .......... ____ 30
Individual responsible for implementing IEP .......... ____ 31
Parent signature .......... ____ 32

3. List services which child is scheduled to receive.

a. ____________________
b. ____________________
c. ____________________
d. ____________________
e. ____________________

4. List annual goals specified for the child.

a. ____________________
b. ____________________
c. ____________________
d. ____________________
e. ____________________

## Special Notes on the Instruments

SUBCOMPONENT: Communication

**Communication Procedures, Staff Questionnaire**

Question 2. The answers recorded for parts a and b can easily be entered into the computer using the card column numbers specified in the right margin. The answer to question 2a can be recorded in columns 31, 33, 35, 37, 39 and 41; answers to question 2b can be recorded in columns 32, 34 36, 38, 40 and 42. To summarize the responses to question 2c, refer to Data Analysis and Summary in the Managing Data section.

Access to a computer is not necessary to use this instrument.

**Communication Procedures, Parent Questionnaire**

Question 1. The answers recorded for parts a and b can be entered into a computer using the card column numbers listed to the right of the response lines. Answers to question a are to be recorded in columns 10, 12, 14, 16, 18 and 20; answers to question b are to be recorded in columns 11, 13, 15, 17, 19 and 21.

Question 4. Refer to Data Analysis and Summary in the Managing Data section.

Access to a computer is not necessary to use this instrument.

*****

SUBCOMPONENT: Record Keeping

**Record Keeping, Program Director/Coordinator Questionnaire**

Question 1. The answer choices listed for parts a, b and c of this question can be entered into a computer using the card column numbers listed in the right margin. Answers to question a can be recorded in columns 12, 15, 18, 21, 24 and 27; answers to question b can be recorded in columns 13, 16, 19, 22, 25 and 28; question c in columns 14, 17, 20, 23, 26 and 29.

Question 2. If you use a computer, the answers to this question need to be right justified (refer to Data Processing in Managing Data).

You do not need access to a computer to use this questionnaire.

## Record Keeping, Staff Questionnaire

Question 2. If you use a computer, the answers to this question need to be right justified (refer to Data Processing in Managing Data).

You do not need access to a computer to use this questionnaire.

## Record Keeping, Record Review Form

The General Information section of this form can be used to review any type of folder in which student records are maintained.

The second part of this form, Specific Information of IEP, can only be used with the folder in which the child's Individualized Education Program is filed. It can be omitted and only the General Information section used.

Access to a computer is not necessary to use this form.

# MANAGING DATA

Now that you've selected your evaluation study questions and the instruments you want to use, we'd like to give you some pointers on implementing your design and on managing the data that you're about to collect. This section will give you some suggestions for

- obtaining the cooperation of your respondents,
- distributing and using the instruments you selected,
- preparing the data for computer entry (data processing), and
- analyzing and summarizing the data.

## Obtaining the Cooperation of Your Respondents

No matter how you look at it, conducting an evaluation means some amount of extra work for those involved. So telling teachers or parents that you have a questionnaire for them to complete but that it really won't take much of their time, probably won't get you too far. We found that explaining the value of the evaluation and the importance of their opinions is a better approach. The idea is to convey to the respondents that you value their opinion, need their help, and greatly appreciate their time.

Depending on your relationship with the respondents, you can ask for their cooperation in person, by telephone or through written correspondence. We think you'll find that the more personal you can make your contacts, the greater the cooperation you will receive. Regardless of the contact method used, the purpose and importance of the study, how the study can help the respondents, and the extent of involvement required should be discussed with respondents when soliciting their cooperation.

Your attitude and approach to conducting an evaluation will also play an important role in how much cooperation you obtain. We think you will find the following suggestions of some help.

- Give credit to program staff for knowing their field; provide a mechanism for them to offer suggestions and/or recommendations regarding the area you're evaluating.
- Obtain information from program staff during the design of the evaluation by meeting with program representatives.
- Emphasize program improvement rather than program comparison.
- Emphasize that staff from different programs/classrooms may have something to offer other programs/classrooms to help increase efficiency and effectiveness in various aspects of service provision. Try to access the information from and share it with program staff involved in the evaluation.
- Share information developed during the course of the evaluation with program staff. Likewise, listen to the concerns of program staff and send them relevant materials.

## Distributing and Using the Instruments

How you use the instruments in this model depends on what type of instrument you've selected, e.g, questionnaires are distributed and used differently than interviews. Because of this, the following section is organized to discuss suggestions for distributing and using each of the four types of instruments (questionnaires, interviews, record reviews and observation systems) separately.

### Questionnaires

Questionnaires can be distributed in a variety of ways such as at a parent meeting, teacher inservice, or on an individual basis. One of the simplest ways to distribute questionnaires, especially to a large number of respondents, is to mail them. A major problem with this process, however, is that your return of completed questionnaires is frequently low and your costs can run high, depending on how many 20 cent stamps you need for initial mailing, return envelopes and second mailings. However, since mailings is the most frequently used method of questionnaire distribution, we will outline some procedures that will not only help you keep track of the questionnaires you mail out but also increase your response rate.

### Preparing Mailing

1. Obtain lists of respondents from school district(s) or programs involved.
2. Assign an identification number (ID) to each respondent. (See Appendix D, Forms, Codes and Identification Numbers.)
3. Make a checklist to record when questionnaires were sent and returned. (See Appendix E,Sample Checklists.)
4. If you need to keep track of which respondents completed which questionnaire, record the respondents' IDs on the questionnaires before mailing. Be sure that each respondent receives the questionnaire with the correct ID number.
5. Enclose a cover letter (See Appendix F, Sample Letters) indicating:
    a. the purpose of questionnaire,
    b. why it is important for respondents to complete questionnaire,
    c. the date by which questionnaire should be completed (suggestion: 2 weeks after mailing date),
    d. the name and telephone number of the individual to call if respondents have any questions, and
    e. where and when they can obtain a copy of the results (if appropriate).

### Follow-up Procedures

1. About one week after the deadline given in first letter, send out a second letter to respondents who did not return the questionnaire. The letter (see Appendix F, Sample Letters) should indicate:
    a. that their questionnaire has not been received;
    b. the concern that they may not have received the questionnaire in the first place (ask them to call if this is the case); and
    c. a reminder of how important their responses are.

d. notification that if a questionnaire from them has not been received by a certain date (suggestion: one week), that your office will make a follow-up phone call to see if there were specific problems with the questionnaire.

2. Record on the checklist the date that the second letter was sent.
3. Two to three days after the deadline specified in the second letter, call individuals who still have not returned a completed questionnaire.
4. Record on the checklist the date the phone call was made and the individual's response.

Processing Returned Questionnaires

1. Record the date each questionnaire is received on the checklist (refer to Appendix E, Sample Checklists). (Suggestion: Record the date received in a different color than the date sent; this makes scanning the page easier).
2. Review the responses to questions to be sure that the questions were answered correctly.
3. Detach the cover sheets and file separately from the response sheets. This maintains the confidentiality of the respondents' answers from anyone processing or analyzing the data.

## Interviews

Conducting an interview can be a very time-consuming process. Having a structured set of questions can help to minimize the time you spend interviewing and will ensure that all respondents are asked the same questions. An important part of interviewing is establishing a rapport with the individual to be interviewed. The interviewer should not act in a judgmental manner nor make the respondents feel uncomfortable in any way. What follows are some suggestions that you might find helpful when scheduling and conducting the interviews included in the model.

### Scheduling the Interview

- During your initial contact with your prospective respondent be sure to explain the purpose of the interview, the amount of time it will require, and the types of questions to be asked.
- Schedule a time to conduct the interview which is convenient for the respondent. Offer to send a copy of the interview in advance so that the respondent can gather any information necessary and will be familiar with the content of the questions.

### Conducting the Interview

- Interviewers should be familiar with preschool special education and have experience conducting interviews if possible.
- Research has shown (Bradburn and Sudman, 1979) that the interviewer's use of conversational speech, probing questions and feedback promotes greater rapport with the respondent and makes the interview flow more smoothly. The following interviewing tips should be kept in mind:

  - Maintain a conversational tone.
  - Ask follow-up questions to clarify any information that is unclear.
  - When asking a question for which relevant information has been previously volunteered, do not assume the answer; acknowledge the information already given and then ask the question to ensure that you understand respondent's answer.
- Make specific arrangements to obtain any information not available during the interview.

## Record Reviews

Student records can be extremely valuable source of information. The usefulness of a record review may depend on whether or not what you want to know is consistently maintained in student records. One of the strengths of using record reviews is that they can be conducted with minimal amount of interference to staff or program activities. In this section we've summarized some suggestions for scheduling and conducting the record reviews contained in the model.

### Scheduling Record Reviews

- Determine the location of the records or the desired information to be reviewed.
- Explain the following to those individuals who maintain the files you will be reviewing: the purpose of the record review, the type of records to be reviewed, the importance of the information to be collected, the time required, and the space needed. If your purpose does not include auditing the completeness of the records, make it clear that you are only interested in obtaining the information contained in the records.

### Conducting Record Reviews

- Persons selected to do the record reviews should be:
  - familiar with preschool education,
  - familiar with the school district's special education forms, and
  - attentive to detail.
- Reviewers should be told whether they are to look only on certain forms or at anything in the child's file to obtain the required information. For example, if you want to find out if certain information is recorded on a certain form, then the reviewer should look at that form only. However, if you are interested in knowing certain information such as the child's developmental history, the reviewer may have to pull together bits and pieces of it from several forms.

## Observation Systems

The following paragraphs contain some suggestions for scheduling observations, and selecting and training observers to use the observation systems developed in the model. These supplement the information written in the Special Notes on the Instrumentation in the Program Effectiveness and the Placement Process Components and the directions that accompany the observation instruments.

Scheduling Observations

- Explain to those involved in the observations (e.g. program directors, teachers, placement committee members) the purpose of the observation, the number of observations to be done, and the period of time over which the observations will be collected.
- Be sure to schedule your classroom observations so that you do not always observe the same day of the week, the same hour of the day or the same time of the year. Restricting how often and when you observe a classroom correspondingly restricts what statements you can make from the information you collected.
- The observation of placement meetings must be scheduled when they occur but you can avoid wasting time by determining beforehand when the cases of interest have been scheduled and how closely the schedule will be followed. Depending on the pace at which these meetings are conducted, observers may find it difficult to observe a series of meetings back-to-back and may prefer to record only every other meeting.
- Observers should notify the placement office as to when they would like to observe a placement meeting. Prior notification often helps to maintain rapport with the program/office personnel. When using the Child and Classroom Activity Observation System you may have concerns that that notifying a teacher or program director of when you would like to observe a classroom might change what the teacher or director does. To avoid this, you can give them some general guidelines as, "We would like to observe in each classroom four times in the next two weeks."

Selecting Observers

The following characteristics are desirable for observers:

- Observers should be familiar will preschool special education.
- Observers should be knowledgeable about the types of students, instructional settings and/or procedures they will be observing. This will facilitate their understanding of the events they observe and increase the reliability of the description they obtain.
- It would be best if observers were not affiliated with the programs in which they observe; their perceptions may be biased.
- If you have the resources to hire observers to conduct the observation for you, good sources are: graduate students in special and/or early education, and certified, experienced special education teachers not currently employed full-time.

Training Observers

- Both observation systems in this model are designed to be used by nonparticipant observers. In other words, the observers should try to be as unobtrusive as possible and not interact with any individual during the observation period.

- Observers should be encouraged to be nonjudgmental; they should try to not give the people being observed the feeling that they are making value judgments about their behavior.
- If you have more than one observer, is very important that each observer code the same activity in the same way. If this occurs a frequent number of times, it is said that the observers have high inter-rater reliability. Several guidelines are presented in Appendix G to help you calculate, establish, and maintain inter-rater reliability.

## Data Processing

The term data processing refers to the preparation of data (i.e., responses to a question, test scores, etc.) for analysis. Whether the data will be analyzed by computer or by hand, information obtained using the instruments in the model should be reviewed to make sure that the information is complete and recorded properly.

There are "processing pointers" that we would like to bring to your attention. Depending on the type of instrument you select and whether or not you will be using a computer to analyze the data, different "pointers" will be more or less useful.

### If You are Processing Questionnaire Data

Of all the instruments in the model, questionnaires probably require the most careful review. Questionnaires have the highest probability of error because, more than likely, you will not have had direct, personal contact with the respondents.

Review responses to questions to be sure that the procedures for filling out the questionnaires were followed accurately. For example, look at the question below which was taken from the Assessment Process Component, Preplacement Assessment, Staff Questionnaire.

In what ways is preplacement assessment information most useful to you? Please rank order the instances below according to when it is most useful to have preplacement information. Put a "1" in the space next to the most useful time, a "2" in the next useful. DO NOT USE THE SAME NUMBER MORE THAN ONCE.

For developing an IEP .................................... ______
For determining the child's level of functioning upon his/her entry to the program .... ______
For determining appropriate initial strategies .................................... ______
For determining a child's progress such as at a review meeting .................... ______
For understanding family needs .................................... ______

Despite the large, boldface print, you will probably find some respondents writing the same number after more than one statement. When this occurs, the respondent's answers must be omitted from the analyses if the results are to be meaningful.

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When necessary, you may have to recode some of the answers. To illustrate this, look at the following question that was taken from the Program Effectiveness Component, Services to Parents, Parent Questionnaire.

> What was the major reason why you or your spouse did not participate in one or more of the services your child's program offers to parents? Using the answer choices below, write the number of your answer in the space to the right. ______
>
> Answer Choices:
>
> 1=Did not have time.
> 2=No transportation
> 3=No babysitting
> 4=Did not think the activities would be any good.
> 5=Did not feel I/we needed a particular service.
> 6=Other family/work commitments
> 7=Not aware of services available.
> 8=Other (Specify: ______________________________)
> 9=I/We used all the services offered.

It's possible for a respondent to choose the "other" response (code 8) and then specify an answer that is included in a different answer choice. For example, a parent might select the "other" response and then write in that he/she has no car. For purposes of summarizing all of the responses, the more appropriate answer would be answer choice "2," "no transportation." In this instance, you should recode the response from "8" to "2."

**If You are Processing Interview, Record Review or Observation System Data**

If you have other people collect data for you, you should meet on a regular basis and on an as-needed basis to discuss any questions or problems that arise during their data collection activities. You may want to review periodically the forms they complete, particularly at the beginning of data collection so that you might detect problems which they may not recognize.

**If You are Entering the Data into a Computer**

If your are new at this sort of thing, you need to know about right justifying answers. This is easily explained if we examine the question below which was taken from the Program Management Component, Record Keeping, Program Director/Coordinator Questionnaire.

> What is your best estimate of how much total time in hours and minutes during *an average month* that you personally spend filling out student information forms? Please consider both peak and low periods during the school year when certain forms must be completed and estimate the average amount of time you spend completing forms on a *monthly* basis. Record your answer in the spaces to the right. If your answer is 8 hours, record "8" in the space labeled "Hours," and "0" in the space labeled "Minutes."
>
> Minutes ______
>
> Hours ______

The directions tell the respondent that if he/she spends eight hours per month completing student forms, an "8" needs to be written in the hour answer space and a "0" in the minutes answer space. You will notice on the form that two card column numbers (see Appendix D, Format, Codes and

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Identification Numbers) are reserved for each of these answers. This was done in case the respondent might have a two-digit response (e.g., 10, 14, etc.).

Regardless of whether the answer is one or two digits, if you are entering it into a computer, you must record a number in all the columns designated. For the above question, to enter an answer of 8 hours into the computer you must enter a "0" in columns 31 and 32 for the minutes and a "0" in column 33 and an "8" in column 34 for the hours. If "8" was recorded in column 33, then the computer would read the answer as "80" instead of "8." Recording answers in this fashion is referred to as right justifying responses and it is a procedure that is applicable to all of the instruments contained in the model.

### If You Are Hand-Tallying Responses

The key to efficient and accurate hand-tabulation of data is organization. Set up a filing system to keep track of incoming data and don't deviate from that system when you are arranging the data for analysis.

Most of the instruments are set up so that responses are recorded on the right side of the response sheets. This will help you locate and tally responses as you page through the instruments. When reviewing the instruments before hand-tallying responses, check to be sure the respondents' answers are clearly indicated in the appropriate spaces on the instruments.

## Data Analysis and Summary

This section of the manual will tell you how to summarize the data once you've collected it. It is intended for those who have little or no experience in summarizing data. Those of you who have experience may want to just skim this section.

In this section we'll

- introduce several statistical procedures that you'll need to know,
- tell you how to summarize responses if you don't have access to a computer, and
- provide you with examples of how to summarize data from each of the different types of questions contained in the instruments.

## What Basic Statistical Procedures are Needed to Analyze Data from the Instruments?

The type of statistical procedures we will outline for you focus on describing what the results of a data collection instrument are. We will be primarily concerned with answering the question, "How many times did the respondents select or give a particular answer." We will also point out some basic ways to summarize numerical data. To illustrate the use of the procedures we present, we will provide you with several examples of how to analyze the various types of questions which make up the instruments.

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Regardless of the type of responses you are analyzing, when analyzing data your goal is to organize the responses in a way that will help you make some general statements about the information obtained with of the data collection instrument you used. This can be done in several ways:

- construct a distribution table,
- calculate measures of central tendency,
- calculate measures of variability, or
- develop a crosstabulation table.

The type of information you can obtain by using the instruments contained in the model can, for the most part, be summarized using distribution or crosstabulation tables. Numerical data, such as test scores or children's ages, may be more appropriately summarized by using measures of central tendency and variability.

## Distribution Tables

There are two type of distribution tables of which you should be aware:

- a frequency distribution, and
- a relative frequency distribution.

A frequency distribution is simply a way of illustrating the number of respondents who selected each of the different answers to a question or the number of children who attained various scores on a test. It can contain a listing of the various answer choices to a question and the number of respondents who selected each answer choice or it can contain a listing of the scores obtained on a test and the number of children who attained each of the various scores. Using a frequency distribution will allow you to easily examine the information you obtained from the instrument and quickly summarize the results.

To illustrate what a frequency distribution might look like, we've selected a question from one of the instruments in the model and constructed a frequency distribution based on our field-testing results. The question is taken from the Program Effectiveness Component, Service Delivery, Parent Questionnaire and the frequency distribution summarizes parents' degree of satisfaction with the amount of physical therapy their child receives.

QUESTION:

How satisfied are you with the amount of services your child receives? Indicate how satisfied you are with the amount of each service given to your child by writing the number of one of the answer choices in the space next to each service.

Answer Choices:

1=My child does not receive this service.
2=Very satisfied.
3=Satisfied.
4=Neither satisfied, nor dissatisfied.
5=Dissatisfied.
6=Very dissatisfied.

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Overall Program .......................................................... ______
Speech Therapy (help in speech, saying sounds and words, eating without choking) ... ______
Occupational Therapy (help in use of fine motor, fingers, hands) .................... ______
Physical Therapy (help in use of gross motor, sit, crawl, walk) ...................... ______
Behavior Management/Counseling (help with behavioral or emotional problems) ...... ______
Home Visits ................................................................ ______

FREQUENCY DISTRIBUTION:

Parents' Level of Satisfaction
With the Amount of Physical Therapy Their Child Receives
(N = 69)*

| Answer Choices | Number of Respondents |
|---|---|
| Very Satisfied | 37 |
| Satisfied | 14 |
| Neither Satisfied Nor Dissatisfied | 4 |
| Dissatisfied | 10 |
| Very Dissatisfied | 4 |

*This indicates that there were a total of 69 respondents.

A quick scan of this frequency distribution tells you that approximately half of the respondents were very satisfied with the amount of physical therapy that their child received; an equal number of respondents were satisfied or dissatisfied with the amount of this service (14 and 10 respectively); and relatively few parents had ambivalent feelings about (neither satisfied nor dissatisfied) or were very dissatisfied with the amount the physical therapy.

A relative frequency distribution is a way of illustrating the percentage of respondents who selected each of the different answers to a question or the percentage of children who attained various test scores. We've used the same question and results given above to summarize the data in a relative frequency distribution below.

RELATIVE FREQUENCY DISTRIBUTION:

Parents' Level of Satisfaction
With the Amount of Physical Therapy Their Child Receives
(N = 69)

| Answer Choices | Percentage of Respondents |
|---|---|
| Very Satisfied | 54% |
| Satisfied | 20% |
| Neither Satisfied Nor Dissatisfied | 6% |
| Dissatisfied | 15% |
| Very Dissatisfied | 6% |

The relative frequency distribution gives you an idea of how many respondents answered a question in a certain way "relative" to the other respondents. You can now make more definitive statements; e.g., 54% of the respondents who answered this question indicated that they were very satisfied with the amount of physical therapy their child received.

### Measures of Central Tendency

Measures of central tendency are important in describing what the data look like "on the average." These measures will give you an idea of a typical response to a question or the typical score on a test.

There are three different measures of central tendency:

- the mean,
- the median, and
- the mode.

We'll define each of these measures for you. However, since you can find instructions on how to calculate these measures in any basic statistics text, we will not go into the specifics here. Two particularly good references are How to Calculate Statistics by Fitz-Gibbons and Morris (1978) and Fundamental Statistics for Psychology by McCall (1970).

The mean of a set of numbers is simply the arithmetic average. The median is basically the midpoint of a distribution of numbers; i.e., it is the point at which half of the numbers are above and half below. The mode is the most frequently occurring number in a set of numbers.

### Measures of Variability

Variability refers to the degree to which a set of numbers, such as test scores or ages, differ from each other. There are several different measures of variability:

- the range,
- standard deviation, and
- variance.

The range is simply the highest and lowest scores in a set of scores and is easily determined by examining the distribution of scores. The standard deviation and the variance are much more complicated to explain and calculate and so we will refer you to the references in the Annotated Bibliography for this information. However, you should be aware that these two measures will basically tell you whether most of the scores cluster closely around the mean of their distribution or if they are spread out along the range of the distribution.

**Crosstabulations**

There are times when you might be interested in comparing responses or test scores for different groups of respondents. To do this you can use a procedure called crosstabulation. This simply involves calculating a frequency distribution or a measure of central tendency for the different groups in which you are interested and then organizing the results in a table so that you can compare responses.

For example, you might want to look at average subtest scores with respect to children's primary handicapping condition. This would involve calculating the average score on each subtest for each of the handicapping categories of the children you tested. Doing this would tell you if children with different handicaps performed differently on the subtests of the test you were using.

The following table illustrates some of the results you might find if you were to do this with groups of physically handicapped children and developmentally delayed children. To simplify the illustration, assume that you have 10 children in each group, they are all of the same age, a score of 50 is age appropriate and the lowest and highest attainable scores are 20 and 80, respectively.

Average Subtest Scores on a Sample of Physically Handicapped Preschoolers
and Developmentally Delayed Preschoolers
(N = 50)

| Subtest | Physically Handicapped | Developmentally Delayed |
|---|---|---|
| Gross Motor | 30 | 46 |
| Fine Motor | 41 | 42 |
| Speech and Language | 75 | 38 |
| Self-Help | 38 | 37 |

You can easily see from this table that the physically handicapped children scored below their age appropriate score in gross motor, fine motor and self-help. This obviously would be expected since each of these areas are a reflection of the child's physical skills. The one score that stands out for them is their speech and language score which is above age level. Because of the way the scores are tabled, it is clear that the pattern of scores for the physically handicapped are different from that of the developmentally delayed children who tend to be slightly below age level in all areas.

There are, of course, higher level statistics that can be performed on the data collected from the model's instruments. If you are interested in doing more, we have provided you with several references in Appendix B, Annotated Bibliography that will explain additional statistical analyses you can perform.

The types of additional statistical analyses you might want to investigate include:

- Measures of Variability (What is the range of a set of scores or how "spread out" are they?)
- Hypothesis Testing (E.g., Is one group of children's test scores significantly different than another group?)
- Correlations (What is the relationship between a child's age and their scores on a particular test?)
- Multiple Regression (To what extent do certain factors explain changes in test performance?)

## How to Handle Missing Data

When collecting any type of information, there are instances when some of it may not be available. For example, when conducting a record review all of the information needed may not be in a student's files or a respondent to a questionnaire may not answer a question because he/she overlooked it or chose not to answer it. When this occurs you need to decide how you will handle this "missing data" in your analysis and summary.

There are really only two options available to you. First, you can include the missing data in your analysis and report it as such. That is, you can report the number of missing cases as a separate "answer choice" within the distribution table. To illustrate this, let's look at the example we used to show how you would calculate a relative frequency distribution. Let's assume that instead of the total number of respondents being 69 that you really received 75 completed questions; however, 6 of the respondents did not answer this question for physical therapy. If you decided to include this missing data, you relative frequency distribution would now look like the table below.

Relative Frequency Distribution of Parents' Level of Satisfaction
With the Amount of Physical Therapy Their Child Receives
(N = 75)

| Answer Choices | Percentage of Respondents |
|---|---|
| Very Satisfied | 49% |
| Satisfied | 19% |
| Neither Satisfied Nor Dissatisfied | 5% |
| Dissatisfied | 13% |
| Very Dissatisfied | 5% |
| Missing Data | 8% |

Your second option is to delete the missing data in your analysis. This can be done in two ways. For each question or item on a data collection instrument you can summarize the responses you received and report the number of respondents who answered the question. This means that in a given questionnaire you may have a different number of respondents for each question and you will have to indicate this in your report. An alternative to your second option involves summarizing the results only from questionnaires on which the respondents answered all questions. This choice may considerably reduce your number of respondents and so we would recommend that if you wish to delete missing data that you use the first alternative presented.

**What to do if You do not have Access to a Computer?**

You can easily hand-tally the data that you obtain from most of the instruments in the model. As with data processing, the key here also is organization (and a good pencil sharpener)! A hand-calculator with the basic mathematical functions will help your accuracy.

Hand-tallying data simply involves recording how many respondents gave the same type of answers. When tallying the responses, you may want to tally them separately for different types of respondents, e.g., teacher versus therapists.

The following steps illustrate how to hand-tally responses:

1. Decide if you want to tally responses for different types of respondents.
2. Sort the response sheets (the pages on which the respondent recorded his/her answers or on which data had been coded) by these groups.
3. Set up a tally sheet (see example below) for each question with all of the answer choices listed. Be sure to allow enough space to record tallies (hash-marks, check-marks, X's) in each category. (This can be done on a blank copy of the instrument if space permits.)
4. Record each respondent's answer by making a tally mark (/) in the appropriate space on the tally sheet.
5. Count the number of tallies for each answer choice to get the frequency distribution for that item.

EXAMPLE. The following is an example of how you would tally responses to a checklist question. The question is taken from the Assessment Component, Postplacement Assessment, Staff Questionnaire.

The table below illustrates how you might hand-tally responses from this question separately for two groups of respondents, teachers and therapists.

| | Number of Responses | |
|---|---|---|
| Answer Choices | Teachers (N=10) | Therapists (N=10) |
| Standardized Tests | ///// | ///// // |
| Developmental Checklists | ///// /// | /// |
| Informal Observations | ///// ///// | ///// ///// |
| Home visit/ Parent Interview | /// | // |

Hand-tallying the data in this manner allows you to easily see: (1) which type of assessment method teachers use when the children are initially placed in their classrooms; (2) which type of methods therapists use; and (3) which type of methods are used by staff in a program (assuming teachers and therapists make up the entire staff); and the differences between the methods used by teachers and therapists. After hand-tallying the data in this fashion you can then construct distribution tables and/or crosstabulation tables as described earlier.

### Data Analysis and Summary Examples

In this section we address the topic of data analysis by outlining how to summarize responses based upon the type of question that solicited the response.

The instruments contain six types of questions:

- multiple choice,
- rating,
- rank order,
- checklist,
- open-ended, and
- numerical.

We are defining a multiple choice question as one in which the respondent is asked to select an answer from a set of separate and distinct choices. The following questions taken from several of the instruments are examples of multiple choice questions.

Which parents/guardians live with the child being screened? .............................. ______

**Answer Choices:**

1=Male parent/guardian
2=Female parents/guardians
3=Both male and female parents/guardians

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Is the female head-of-household (HOH) currently .............................. ____

**Answer Choices:**

1=Not employed?
2=Employed part-time?
3=Employed full-time?
4=There is no female HOH.

A rating question is a form of a multiple choice question in that the respondent is given a set of answer choices from which to choose. Its distinctive feature is that the set of answer choices have an hierarchical order from high to low, best to worst or very satisfied to very dissatisfied. Several examples from the instruments are given below.

The statements listed in this question characterize various aspects of the relationship among individuals working with preschool handicapped children. Use the answer choices to indicate your opinion of each statement with respect to the program for which you work.

**Answer Choices:**

1=Very satisfactory
2=Satisfactory
3=Adequate
4=Needs some improvement
5=Needs much improvement
6=Not applicable

**Communication Between Supervisors and Staff**

Quality of information given staff on management decisions which affect them ....... ____
Amount of feedback given staff on their work .............................. ____
Quality of feedback given staff on their work .............................. ____
Opportunity given staff to express opinions to supervisors .............................. ____
Encouragement of staff to express opinions to supervisors .............................. ____
Respect shown by supervisors for opinions of staff .............................. ____
Opportunity for staff to express opinions regarding program policies .............................. ____

**Communication Among Staff**

Respect shown by staff for other staff's opinion .............................. ____
Exchange of information among staff working with the same child .............................. ____
Cooperative spirit among staff .............................. ____
Frequency of interactions among staff .............................. ____
Quality of interactions among staff .............................. ____

**Communication with Parents**

Frequency of communication with parents .............................. ____
Quality of communication from parents .............................. ____
Amount of parent participation in parent programs/meetings .............................. ____
Parent responsiveness to staff phone calls or requests .............................. ____

**Stability Rating.** Using the scale of 1 to 7 below, rate the stability of the family. Rate as low a family that has had a great deal of upset in their day-to-day schedule or whose members are having difficulty accepting their life situation. A family's stability would be low if a family member has difficulty in coping with the demands of having a handicapped child, is unable to deal with stress, is abusive toward the child, or is experiencing marital problems. Rate as high a family whose members are able to cope with the demands of having a handicapped child, are able to deal with stress, and who appear to have a strong marital relationship.

**Scale**

Low ———————————————————— High
1 2 3 4 5 6 7

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In a rank order question the respondent is asked to categorize a set of items/statements in some type of order, e.g., order of importance, order of highest frequency, etc. Some examples of this type of question follow.

What three activities do you perform most often in the preschool program? Code a "1" next to the activity you do more than any other, a "2" next to the activity you do second most, and a "3" next to the activity you perform third most. EACH NUMBER SHOULD BE USED ONLY ONCE.

Assist in classroom teaching ........ ______
Assist in preparation of instructional materials ........ ______
Classroom consultation ........ ______
Classroom teaching ........ ______
Educational assessment ........ ______
Feeding therapy ........ ______
Fine motor assessment ........ ______
Gross motor assessment ........ ______
Hearing testing ........ ______
Home visits ........ ______
Manage/supervise nonacademic activities (feeding, transportation, recess, etc.) ........ ______
Observation ........ ______
Occupational therapy ........ ______
Paperwork ........ ______
Parent counseling ........ ______
Physical therapy ........ ______
Psychological assessment ........ ______
Sensory stimulation ........ ______
Speech and language assessment ........ ______
Speech therapy ........ ______
Supervise school personnel ........ ______
Teaching parents ........ ______
Vision testing ........ ______
Other (Specify: ______________________________) ______

What kind of preplacement assessment information do you find most useful? Please rank order the following kinds of preplacement assessment information according to how useful each is to you. Put a "1" in the space next to the kind of assessment you find most useful, a "2" for the next useful. DO NOT USE THE SAME NUMBER MORE THAN ONCE.

Standardized tests* ........ ______
Developmental checklists ........ ______
Developmental history ........ ______
Diagnostician's write-ups of behavior* ........ ______
Family background information ........ ______
Parent's observation of child's ability and behavior ........ ______
Physician's medical reports ........ ______

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In a checklist question the respondent is given a set of answers and is asked to write a check mark next to how many answers are applicable. In some instances the respondent is instructed to write some code number next to all answers. For example, a "1" may indicate "yes" and a "2" may indicate "no." The following questions are examples of this type of question that you will find in the instruments.

When testing new enrollees, which of the following areas did you assess most frequently? CHECK ALL APPLICABLE.

Fine motor** .................... ____
Gross motor** .................... ____
Hearing .................... ____
Intellectual/problem solving** .................... ____
Neurological .................... ____
Orthopedic .................... ____
Pre-academic or readiness skills** .................... ____
Self-help skills** .................... ____
Social/emotional/behavioral functioning** .................... ____
Speech and language/oral motor functioning** .................... ____
Vision .................... ____
Other (Specify: ______________________________ ) ____

Please indicate in what way(s) the preschool child find activities in your school district may be changed

**Answer Choices:**

1=This change is planned.
2=This change is not planned.

Reduction in staff .................... ____
Increase in staff .................... ____
Reduction in the number of screening clinics .................... ____
Increase in the number of screening clinics .................... ____
Restriction of the age range screened (Specify: ______________________________ ) ____
Extension of the age range screened (Specify: ______________________________ ) ____
Decrease in amount of funds available .................... ____
Increase in amount of funds available .................... ____
Change in test instruments used .................... ____
Increase in number of tests used .................... ____
Decrease in number of tests used .................... ____
Revision of forms used .................... ____
Other (Specify: ______________________________ ) ____
Other (Specify: ______________________________ ) ____

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Open-ended questions are those in which the respondent must answer in his/her own words. No choices or possible answers are offered as part of the question. Several questions from the instruments are presented below to illustrate this type of question.

Please give a brief description (ability level, age, primary handicapping condition, educational needs, etc.) of the type(s) of children that you believe were *inappropriately* placed in your program?

What features of your record keeping procedures have worked particularly well and could be recommended to other program staff who wish to improve their procedures?

What suggestions or recommendations do you have for your child's program that would improve its communication with parents?

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A numerical question is one which requires a number for an answer. These questions generally ask "how many." Most of the suggestions we give you on analyzing this type of response are also useful with summarizing test scores and children's ages. Several examples of this type of question taken from various instruments are given below.

| | Full-time* | Part-time* |
|---|---|---|
| How many years have you worked with handicapped children or adults? .................................................. | ______ years | ______ years |

a. In the past school year how many preschool children has your office considered for placement? .................................................................... ______

b. How many of these children were being considered for an initial placement? ........ ______

Now that you know what type of questions you will encounter on the questionnaires, review the next few pages to see how you might want to summarize the responses obtained from these different type of questions.

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## Example Analysis/Summary of a Multiple Choice Question

**Data Analysis/Summary Steps**

1. Count the number of respondents who selected each response.
2. Calculate the percentage of respondents who selected each response.
3. Examine the distribution; note where the majority of responses fall.

Example. The table below summarizes possible answers to a multiple choice question on services provided to parents. Examples of a frequency and relative frequency distributions, as discussed earlier, are provided.

Question: Of all the services in which you or your spouse participated or used, which one did you find the most helpful?

Source: Program Effectiveness Component
Services to Parents, Parent Questionnaire

| Answer Choices | Frequency Distribution (N) | Relative Frequency Distribution (%) |
|---|---|---|
| Babysitting | 3 | 6 |
| Group Counseling | 5 | 10 |
| Individual Counseling | 20 | 40 |
| Newsletter | 12 | 24 |
| Social Functions | 10 | 20 |
| | 50 | 100 |

**Sample Summary Statements:**

- Twenty (20) of the parents responded that they found group counseling to be the most helpful service in which they participated. This represents 40% of the parents who answered this question.
- Relatively few parents (6%) indicated the babysitting services provide by their child's program as the most helpful service that they used.

## Example Data Analysis/Summary of Rating Question

### Data Analysis/Summary Steps

1. Count the number of respondents who selected each response.
2. Calculate the percentage of respondents who selected each response.
3. Construct a distribution table.
4. Examine the distribution, noting where the majority of responses fall.

**Example.** The table below summarizes possible responses to a rating question on record keeping practices. Examples of a frequency and relative frequency distribution are illustrated.

Question: Rate your degree of satisfaction with current record keeping practices.

Source: Program Management Component
Record Keeping, Staff Questionnaire

| Answer Choices | Frequency Distribution (N) | Relative Frequency Distribution (%) |
|---|---|---|
| Very Satisfied | 5 | 10 |
| Satisfied | 25 | 50 |
| Neither satisfied nor dissatisfied | 10 | 20 |
| Dissatisfied | 8 | 16 |
| Very dissatisfied | 2 | 4 |
|  | 50 | 100 |

### Sample Summary Statements

- Twenty-five (25) of the 50 respondents or 50 % of the sample reported that they were "satisfied" with current record keeping procedures.
- Twenty percent of the respondents expressed some degree of dissatisfaction with the current record keeping practices in their program.

## Example of Data Analysis/Summary of Rank Order Questions

**Data Analysis/Summary Steps**

1. Count the number of respondents who gave each item each rank (N).
2. Calculate the average rank for each item.
    a. Multiply each rank by the number of respondents who assigned the rank to the item (Rank 1 times N for Rank 1, Rank 2 times N for Rank 2, etc.)
    b. Add together the products of these multiplications.
    c. Divide this sum by the total number of respondents who rank the item.
3. Determine which item received the highest rank, next to highest, lowest, etc.

**Example.** The table below summarizes a possible frequency distribution of ranks in response to a question about the types of preplacement assessment information found most useful by staff.

> Question: Rank order the following kinds of preplacement assessment information according to how useful each is to you. Put a "1" in the space next to the kind of assessment you find most useful, a "2" for the next most useful, etc. DO NOT USE THE SAME NUMBER MORE THAN ONCE.
>
> Source: Assessment Component
> Preplacement Assessment - Staff Questionnaire

| | Number of Respondents Who Gave a Rank of: | | | | Average Rank |
|---|---|---|---|---|---|
| Assessment Type | 1 | 2 | 3 | 4 | |
| Standardized test | 6 | 24 | 14 | 6 | 2.40 |
| Developmental checklist | 30 | 11 | 3 | 6 | 1.70 |
| Developmental history | 6 | 11 | 22 | 11 | 2.76 |
| Physician's medical report | 8 | 4 | 11 | 27 | 3.14 |

Total number of respondents = 50

**Sample Summary Statements**

- Of the various type of assessment information the respondents were to rank according to importance, physician's medical reports were rated as the least useful.

- Developmental checklists are the most useful kind of preplacement information received by staff. This type of assessment information received the rank of #1 most frequently and the lowest average rank (1.70).

## Example of Data Analysis/Summary of Checklist Questions

**Data Analysis/Summary Steps**

1. Count the number of times each answer choice was checked.
2. Calculate the percentage of time each item was checked. This is the relative frequency distribution based on the total number of checks: % = (# of checks for item / total # of checks) X 100.
3. If the respondent was asked to check as many as apply, calculate the relative frequency distribution based on the total number of respondents for that question:
   % = (# of checks for item / total # of respondents) X 100
4. Report the item with highest/lowest number of checks.
5. If the respondents were asked to check as many as apply, you may also want to report the percentage of respondents who checked each item. (The sum of these percenages will not equal 100%.)

Example. The table below presents a frequency distribution of responses to a checklist of how parents found out about services for handicapped preschoolers.

Question: How did you find out about activities or services offered by the school district for handicapped preschoolers? CHECK ALL THAT APPLY.

Source: Child Find Component
Child Find Community Awareness, Parent Questionnaire

| | Step 1<br># Checks | Step 2<br>% Checks | Step 3<br>% Respondents* |
|---|---|---|---|
| Radio Advertisements | 20 | 20 | 40 |
| TV Advertisements | 40 | 40 | 80 |
| Pediatrician | 10 | 10 | 20 |
| Newspaper | 18 | 18 | 36 |
| Friend | 12 | 12 | 24 |
| | 100 | | |

*Number of respondents = 50

**Sample Summary Statements**

- TV advertisements are the most frequent way that parents receive information about services for handicapped preschoolers.
- Ten percent of the parents indicated that they found out about services for handicapped preschoolers from their pediatrician.

## Example Data Analysis/Summary of Open-Ended Questions

**Data Analysis/Summary Steps**

1. Review the responses and try to classify them according to some set of categories.
2. Once the responses are classified, count the number of responses that were assigned to each category.
3. Calculate the percentage of responses in each category.
4. Identify categories with the most frequent responses.

**Example.** This example illustrates how you could summarize the responses of parents to an open-ended question about what a program could do to increase parent participation.

Question: Is there anything that the program could do that would increase you or your spouse's participation in the services it offers?

Source: Program Effectiveness Component
Services to Parents - Parent Questionnaire

Responses:

1. Tell the parents what services are offered.
2. Offer child care at the school during such programs.
3. Make available a brochure listing services offered.
4. Schedule the parent meetings at night so the husbands can attend.
5. Give notice of what is offered and when.
6. Move the program up-county.
7. Provide sitting service for children when evening events occur.
8. Offer babysitting for younger siblings during day time meetings.
9. Make the meetings shorter so parents have time to attend.
10. Provide babysitters for program child.

| Categories: | Response # | N | % of responses |
|---|---|---|---|
| A. Publicize services offered | 1,3,5 | 3 | 30 |
| B. Offer child care | 2,7,8,10 | 4 | 40 |
| C. Offer evening meetings | 4 | 1 | 10 |
| D. Hold activities in different location | 6 | 1 | 10 |
| E. Make the meetings briefer | 9 | 1 | 10 |
| | | 10 | 100 |

Number of respondents = 5

**Sample Summary Statements**

- Of the ten responses given by parents, four suggested that programs provide child care in order to increase parent participation in program services.

- Relatively few parents indicated that providing evening meetings, changing the location of meetings, or making the meetings shorter would increase their participation in parent services.

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## Example of Data Analysis/Summary of Numerical Response Questions

### Data Analysis/Summary Steps

1. Construct the frequency distribution of the different numerical responses.
2. Examine the distribution to determine the appropriate measures of central tendency and variability. Determine if the evaluation questions you want answered require higher level of statistics. If so, use the references in Appendix B, the Annotated Bibliography to calculate those measures.

Example. This example illustrates how to summarize the data on a set of children's ages and is based on the record reviews of 50 preschool children. Below is a frequency distribution table of their ages in months.

Question: What is the child's age?

Source: Child Find Component, Screening Process,
Summary Intake Information, Record Review Form

| Age in months | Number of children | Age in months | Number of children |
|---|---|---|---|
| 6 | 2 | 26 | 2 |
| 8 | 1 | 28 | 9 |
| 9 | 1 | 30 | 1 |
| 10 | 1 | 32 | 5 |
| 12 | 2 | 36 | 4 |
| 15 | 1 | 37 | 4 |
| 22 | 3 | 48 | 5 |
| 24 | 4 | 55 | 5 |

Measure of central tendency. For purposes of illustration, we have calculated all three measures of central tendency.

Mean: The mean is found by summing the ages of the 50 children and dividing by the number of children.

$$\text{Mean} = ( 6 + 8 + \ldots 48 + 55 ) / 50 = 1541 / 50 = 30.82$$

Median: The median or middle age in the distribution is the sum of the two middle ages (the 25th and 26th ages in the distribution) divided by 2. This is 28 months.

$$\text{Median} = (28 + 28) / 2 = 28$$

Mode: If you examine the first distribution above, you will see that the most frequently occurring or modal age is 28 months.

Measures of Variability. The variability in this data could be appropriately summarized by the range or the standard deviation. The fact that the children ranged in age from 6 to 55 months is probably more meaningful and of more interest to your audience than a standard deviation. If you wish to calculate the standard deviation, refer to Appendix B, Annotated Bibliography, for help.

**Sample Summary Statements**

- The average age of this sample of 50 preschool children is 30.8 months.
- The 50 children range in age from 6 to 55 months.

## Writing Summary Reports

Once you've collected and analyzed your data, you'll want to write a summary report to communicate what you learned from the evaluation. In this section we'll give you some suggestions for approaching the task of report writing. We've also provided several examples of summary reports in Appendix H.

Before you begin your report there are several questions you should ask yourself:

- o Who is your audience?
- o What does your audience need to know about the evaluation?
- o How can you best present this information so that the audience reads and understands it?

### Audience

The audience for whom your report should be written is generally the persons, groups, agencies or programs whose information needs and interests guided the evaluation. However, your audience may also include people who participated in the evaluation by providing data (e.g., program staff and parents). Because of this, you may find it necessary to write different summary reports for different audiences, gearing the content of each report to the interests and concerns of that audience.

The following suggestions are made to help you guide the report for your various audiences.

- o Only include the issues and concerns of interest to that particular audience. Irrelevant material will not only distract them from what they want to know but also may make the report harder to understand.

- o Tailor the level of technical information, the amount of detail, and the vocabulary to your audience.

### Content

The question of what should be in the summary report is intimately linked to the goals of the evaluation as well as who the audience is. If the purpose of the evaluation is to describe the status of an activity, then you can stick to a straight summary of your data. On the other hand, if your purpose is to provide information which will be considered in policy making, then any implications or subjective interpretation of your data might be appropriately included.

Regardless of your purpose, your report should include:

- a clear statement of the purpose of the evaluation;
- a description of who participated in the evaluation, i.e., the respondents to your questionnaires or interviews, or the sample of children tested, observed, or whose records you reviewed;
- a discussion of how the evaluation was conducted;
- a summary of relevant results; and
- a discussion of conclusions that can be drawn from the results.

Some general suggestions for the content of the report include:

- Use direct, simple, jargon-free language.
- Keep the report focused on its purpose; don't give your audience more information than it needs.
- Don't provide any findings that might infringe upon or violate the rights of others; do not breach the confidentiality of the sources of your information.
- List and explain alternative interpretations of your data.
- Where relevant, include quotations from responses to open-ended questions. These can provide valuable information to your audience.

## Organization and Presentation

How you organize and present the summary of your data may very well determine whether or not your audience reads it. The following suggestions are made to help increase the likelihood that your report will be read and understood by your audience.

- Highlight important points by listing them in item form with bullets (as we've done here), or by using underlining, numbering, indentation, capital letters, or changes in typestyle.
- Summary reports, longer than a few pages, should begin with an overview, or introductory summary which tells the reader what's coming.
- Use descriptive section headings to direct your reader to the information of interest.
- Summarize the data by evaluation question. That is, begin a section with a question and then summarize the data which addresses that question.
- Include tables or graphs wherever possible to summarize your data. They will give the reader a visual picture of the data. In some instances, data will be easier to understand in this form than in long narrative summaries. Refer to the following references listed in Appendix B, the Annotated Bibliography, for a discussion of how to graph and table data:

  How to Calculate Statistics, Fitz-Gibbon and Morris, 1978
  How to Present an Evaluation Report, Morris and Fitz-Gibbon, 1978
  Program Evaluation, Brinkerhoff, et al., 1983

# APPENDIX A
# GLOSSARY

**Assessment Process:** the various stages in testing a preschool child to determine if a handicapping condition exists, what that condition may be, and from what instructional programming the child could benefit most.

**Audience:** the persons, groups, agencies, or programs whose information needs and interests guide the evaluation.

**Checklist Question:** a type of question which gives the respondent a set of answers to check (✓) or code according to instructions.

**Child Find Procedures:** the operation and administration of a child find unit, procedures for alerting the community to child find activities/services, and various steps in the screening process employed by the child find unit.

**Components:** the main sections of the evaluation model, each dealing with a different aspect of service delivery to handicapped preschoolers, e.g., the Program Effectiveness Component.

**Crosstabulations:** a statistical procedure which involves calculating a frequency distribution or measure of central tendency for different groups of respondents, and then organizing the results in a table so that responses can be compared.

**Data Collection Instruments:** the "tools" or methods used to collect the information needed to answer evaluation questions, e.g., questionnaires, interviews, record reviews, observation systems.

**Data Processing:** the preparation of data for analysis.

**Distribution Table:** a table which shows the number and percentage of responses in each of several given categories.

**Evaluation Model:** a package of materials that can be used to conduct an evaluation of some aspect of service provision to handicapped preschoolers.

**Evaluation Questions:** questions which address the concerns and issues about which information is to be gathered.

**Frequency Distribution:** a way of illustrating how often a response is given, e.g., the number of times different answers are given to the same question or the number of children who attained various scores on a test.

**Hand-Tallying:** the procedure of recording data on summary sheets using fence tallies (////) in order to facilitate counting the number of responses that fit in each of several given categories.

**Identification Numbers:** numbers assigned to each subject (e.g., children being tested, respondents to questionnaire) in order to assist in data organization and to protect the confidentiality of the subjects.

**Interview:** a data collection tool consisting of a series of questions which are asked of the respondent in person or by phone, thus allowing the answers to be probed if clarification is necessary.

**Mean:** the measure of central tendency commonly understood as the mathematical average, i.e., the number found by dividing the sum of all the values by the number of values.

**Measures of Central Tendency:** measures which describe what the data look like "on the average," i.e., measures that give you an idea of a typical response to a question or a typical score on a test. The three measures of central tendency are the mean, median and mode.

**Median:** the measure of central tendency which indicates the midpoint of a distribution, i.e., the point above and below which one-half of the scores fall.

**Mode:** the measure of central tendency which indicates the most frequently occurring value of the data, e.g., the most frequently selected answer choice or the most frequently occurring age of the sample.

**Multiple Choice Question:** a type of question which asks the respondent to select an answer(s) from a set of separate and distinct choices.

**Numerical Question:** a type of question which requires a simple numerical response.

**Observation System:** a data collection instrument which involves the direct observation of certain activities in order to obtain information about those activities.

**Open-ended Question:** a type of question which asks the respondent to answer in his/her own words; i.e., no choices or possible answers are offered to the respondent.

**Placement Process:** the procedures by which a child is placed in a special education program.

**Program Effectiveness:** the impact of the program as measured by changes in the child's developmental skills, changes within the child's family following the child's placement in a special education program, and the amount and quality of the services delivered to the child and family.

**Program Management:** how a program is managed and operated, e.g., the procedures for communication among staff members and between staff and parents, and the filing, maintaining and updating of student information.

**Questionnaire:** a type of data collection instrument which is self-administered and consists of a series of questions.

**Rank Order Question:** a type of question which requires the respondent to categorize a set of items/statements in some type of order, e.g., order of importance, order of highest frequency.

**Rating Question:** a form of the multiple choice question in which answer choices have a hierarchial order from high to low, better to worse, or very satisfied to very dissatisfied.

**Record Review:** a type of data collection instrument which involves reviewing student files to obtain or clarify information.

**Relative Frequency Distribution:** a way of illustrating how often a response is given relative to the number of respondents; e.g., the percentage of different answers given to the same question or the percentage of children who attained various test scores.

**Right Justifying Answers:** the procedure of recording numerical responses in a fashion such that if more answer spaces are provided than are needed for a particular answer, the answer is written as far to the right as possible; e.g., if the answer to a question is "5", but two answer spaces have been provided, then the answer should be recorded as "05." This procedure is necessary if the data is to be analyzed by computer.

**Subcomponents:** the subsections within each Component in this evaluation model which focus on a specific area within the Component, e.g., the Preplacement Assessment Subcomponent within the Assessment Component.

**Summary Report:** a document written to communicate what has been learned from the evaluation.

# APPENDIX B
# ANNOTATED BIBLIOGRAPHY

## Some References on Evaluation

Best, J. Research in Education. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1981.

Although this book is essentially an overview of the entire research process, from selecting a problem and preparing a research proposal to writing a research report, several of its chapters may be of interest to users of this evaluation model. Chapter 3 discusses experimental research and includes several principles which are applicable to evaluation research. Chapter 6 covers the methods and tools of research, including several which are used in this model—observation, interviews and questionnaires. Also included are some tips on organizing data. Descriptive data analysis is covered in Chapter 7, including frequency distributions, measures of central tendency and variability, standard scores and correlation. Chapter 8 explains the underlying theory of inferential data analysis and how to test for the difference between two groups.

Bradburn, N. and Sudman, S. Improving Interview Method and Questionnaire Design. San Francisco, CA: Jossey-Bass Publishers, 1980.

As the title suggests, this book would be helpful if you will be using any of the interviews in this model or if you choose to design your own questionnaires. The book's primary focus, however, is the possible response effects of threatening questions in survey research. Much of the text is devoted to the problem of eliciting from respondents threatening information such as drug use, alcohol consumption, sexual behavior and criminal arrests. Obviously, these are not the type of questions you will be asking respondents when using this model. Regardless, the suggestions on question construction, method of administration and interview behavior were useful in developing this model, and may be helpful to the reader who wants to learn more about these topics.

Brinkerhoff, R., Brethower, D., Hluchyj, T. and Nowakowski, J. Program Evaluation: A Practitioner's Guide for Trainers and Educators. Boston, MA: Kluwer-Nijhoff Publishing, 1983.

As the title suggests, this book is a "how-to" guide for program evaluation. The book was developed as part of a project to improve the evaluation capabilities of projects and programs engaged in preparing personnel to work in special and regular education. Consequently, the examples refer primarily to staff training programs. Nevertheless, the sourcebook contains chapters on guidelines, resources and references for seven key evaluation functions, including: designing the evaluation; collecting, analyzing and reporting data; and managing an evaluation.

Cronbach, L., Ambron, S., Dornbusch, S., Hess, R., Hornik, R., Phillips, D., Walker, D. and Weiner, S. Toward Reform of Program Evaluation. San Francisco, CA: Jossey-Bass Publishers, 1980.

This book is a relatively recent treatment of the theory and thinking behind program evaluation. Until recently, program evaluation was widely regarded as a service to decision-makers who needed accurate measurements of the impact of particular programs. This book suggests that today the aim of evaluation should be to help everyone, not just policy-makers, understand what programs accomplish and why they fall short of their objectives. In keeping with that perspective, this book takes a new look at the purposes, methods and uses of evaluation.

Guba, E. and Lincoln, Y. Effective Evaluation. San Francisco, CA: Jossey-Bass Publishers, 1981.

This book describes a relatively new approach to evaluation, with the goal of making evaluation findings useful to their audiences. This approach combines "responsive evaluation" (where assessments are keyed directly to concerns of the evaluation's audience) and "naturalistic methodologies" (which grow out of the situation at hand, rather than follow a predetermined research design). The authors explain the theory and concepts of this naturalistic response evaluation and set out step-by-step guidelines for its implementation--from starting an evaluation to identifying key audiences and eliciting their concerns, gathering relevant information, reporting results, and making persuasive recommendations. In the process, they cover interviewing, observation and record reviews as data collection techniques.

Hanson, G. (Ed.). "Evaluating Program Effectiveness," in New Directions for Student Services. San Francisco, CA: Jossey-Bass Inc., Publishers, 1978.

This book is part of a quarterly series of sourcebooks on college student services. This inaugural issue covers the elements of evaluation theory, identifies the critical ideas and techniques that underpin good evaluations, and offers practical advice about conducting evaluation. Although most of the articles are related to the evaluation of college student services, three articles offer general treatments of evaluation. "Approaches to Evaluation: Models and Perspectives" discusses several key theoretical models of evaluation. "Method, Design and Implementation in Evaluation" identifies three major sources of error that contribute to the failure of most evaluation studies and presents a cookbook for a good evaluation plan. "How Evaluation Can Make a Difference" identifies key factors which contribute to useful evaluations and assist in the preparation of effective evaluation reports.

Kerlinger, F. Foundations of Behavioral Research. New York, NY: Holt, Rinehart and Winston, Inc., 1973.

This is a classic textbook on scientific behavioral research, especially as it applies to education and psychology. The book's purpose is to help the reader understand the fundamental nature of the scientific approach to problem solution. The explanations are relatively lengthy and many examples are included. Chapters of possible interest to users of this model are those on the analysis and interpretation of data (9), crossbreaks (10), basic descriptive statistics (11), and statistics to test differences between groups and relationships between variables (12). Also recommended are the sections on research designs, types of research, measurement, and methods of observation and data collection, particularly the chapters on ex post facto research (22), survey research (24), foundations of measurement (25), reliability (26), interviews (28), objective tests and scales (29), and observations of behavior (31). Finally, the book also covers more sophisticated statistical procedures such as analysis of variance, multiple regression and factor analysis.

Loveland, E. (Ed.). "Measuring the Hard-to-Measure," in New Directions for Program Evaluation. San Francisco, CA: Jossey-Bass Inc., Publishers, 1980.

This book is part of a quarterly sourcebook on program evaluation. It addresses difficulties in measuring hard-to-measure aspects of programs, reviews methods of measuring selected hard-to-measure variables, and relates measurement problems to issues of purpose and methodology in evaluation. Although the book's treatment of evaluation is at a fairly advanced level, the article entitled "Evaluating the Effectiveness of Teaching" may be of interest to users of this model. The last article, "Program Devaluation: Can the Experiment Reform?," suggests that the program evaluator should reduce the size of outcomes measured. This suggestion may be useful to the reader in selecting measures of program effectiveness.

Morris, L. (Ed.). Program Evaluation Kit. Beverly Hills, CA: Sage Publications, 1978.

This kit is a set of books intended to assist people who are conducting evaluations of educational programs. Each book covers a different aspect of the evaluation process, indicated by its title, so you can consult only those that seem appropriate. Because the kit comprises a set of step-by-step procedural guides, it can assist a person conducting elaborate evaluations or it can help people as they gather, analyze and interpret information for almost any purpose—whether it be surveying people's attitudes, observing a program in action, or measuring student achievement. Each of the books is annotated below.

Morris, L. and Fitz-Gibbon, C. *Evaluator's Handbook*. Beverly Hills, CA: Sage Publications, 1978.

This book is meant to help you get started and to serve as an organizer for the evaluation. It is also a directory to the rest of the Kit. Chapter 1 covers critical issues surrounding program evaluation. Chapter 2 presents some useful information for an evaluator who wants to assist program staff. Chapters 3, 4 and 5 contain step-by-step guides for organizing and accomplishing three types of evaluation: 1) formative evaluations to assist in program development, 2) summative evaluations to measure program impact, and 3) small experiments for pilot-testing or evaluating a program with a few measurable objectives.

Morris, L. and Fitz-Gibbon, C. *How to Deal with Goals and Objectives*. Beverly Hills, CA: Sage Publications, 1978.

This book provides advice about using goals and objectives as guides for gathering opinions about what a program should accomplish. The book then describes how to organize the evaluation around the goals and objectives. It suggests ways to identify and write goals and objectives, reconcile objectives with standardized tests, and assign priorities to objectives.

Fitz-Gibbon, C. and Morris, L. *How to Design a Program Evaluation*. Beverly Hills, CA: Sage Publications, 1978.

This book discusses the logic underlying the use of research designs in conducting evaluations. A design is a plan which dictates when and from whom data will be gathered during the course of an evaluation (e.g., the pretest-posttest design). The book covers step-by-step procedures for setting up six different designs to underpin the collection of evaluation data, including experimental, quasi-experimental and time series designs. It also includes instructions about how to construct random samples.

Morris, L. and Fitz-Gibbon, C. *How to Measure Program Implementation*. Beverly Hills, CA: Sage Publications, 1978.

This book presents step-by-step methods for designing and using measurement instruments (e.g., record reviews, observations, and self-reports) to accurately describe how a program operates. The authors emphasize that you cannot evaluate something without describing it first and suggest several perspectives from which to measure implementation. This book would be most useful to someone unfamiliar with the programs he/she is evaluating.

Henerson, M., Morris, L. and Fitz-Gibbon, C. *How to Measure Attitudes.* Beverly Hills, CA: Sage Publications, 1978.

This book is intended to help the evaluator select or design credible instruments for attitude measurement. It discusses problems involved in measuring attitudes. The book includes sources of available attitude instruments and gives step-by-step instructions for developing questionnaires, interviews, attitude rating scales, sociometric instruments and observation schedules. This could be useful if you want to supplement the instrumentation provided in this model. Also potentially helpful is the chapter on how to analyze and report results from attitude measures.

Morris, L. and Fitz-Gibbon, C. *How to Measure Achievement*. Beverly Hills, CA: Sage Publications, 1978.

This book is designed to help you determine how well the program you are evaluating has met its achievement objectives. It will be most useful if you are planning to select or develop assessment instruments to measure child developmental skill gains as part of the program effectiveness component. To help you find a published test to fit your evaluation, the book lists anthologies and critiques of existing norm- and criterion-referenced tests. If you want to construct your own achievement test, the book presents an annotated guide to the vast literature on test construction. Chapter 4 lists test item banks and test development and scoring services. The final chapter describes how to analyze and present achievement data to answer commonly-asked evaluation questions.

Fitz-Gibbon, C., and Morris, L. *How to Calculate Statistics*. Beverly Hills, CA: Sage Publications, 1978.

This book is divided into three sections, each dealing with an important statistical function in relation to evaluation: summarizing data through measures of central tendency and variability, testing for the significance of differences found among groups, and testing relationships through correlations. Detailed worksheets, ordinary language explanations and practical examples accompany each step-by-step statistical procedure.

Morris, L. and Fitz-Gibbon, C. *How to Present an Evaluation Report*. Beverly Hills, CA: Sage Publications, 1978.

This book is designed to help you convey to various audiences the information that has been collected during the course of the evaluation. It contains an outline of a standard evaluation report; directions and hints for formal and informal, written and oral reporting; and model tables and graphs for displaying and explaining data.

## Some References on Statistics

Best, J. *Research in Education*. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1981.

**See Some References on Evaluation** for a description of this book, which includes material on statistics.

Brinkerhoff, R., Brethower, D., Hluchyj, T. and Nowakowski, J. *Program Evaluation: A Practitioner's Guide for Trainers and Educators*. Boston, MA: Kluwer-Nijhoff Publishing, 1983.

**See Some References on Evaluation** for a description of this book, which includes material on statistics.

Fitz-Gibbon, C., and Morris, L. *How to Calculate Statistics*. Beverly Hills, CA: Sage Publications, 1978.

**See Some References on Evaluation** for a description of this book, which includes material on statistics.

Kerlinger, F. *Foundations of Behavioral Research*. New York: Holt, Rinehart and Winston, Inc., 1973.

**See Some References on Evaluation** for a description of this book, which includes material on statistics.

McCall, R. *Fundamental Statistics for Psychology*. New York, NY: Harcourt, Brace and World, Inc. 1970.

This is an introductory undergraduate testbook on basic descriptive and inferential statistics with examples taken mostly from psychology and education. Topics of particular interest to users of this evaluation model are frequency distributions, measures of central tendency and variability, correlation and hypothesis testing (statistics for determining group differences). The reader with more background in statistics may also be interested in the chapters on regression, analysis of variance, and nonparametric techniques.

Norusis, M. *SPSS Introductory Guide: Basic Statistics and Operations*. New York, NY: McGraw-Hill Book Company, 1982.

If you have access to a computer, which is set up to use the SPSS Batch System (Statistical Package for the Social Sciences), then this guide should prove very useful. The SPSS Batch System is a widely used tool for data analysis. It allows you to accomplish a broad range of statistical analyses and data modification tasks with only a minimal understanding of computers. This book is intended for novice users of the system and focuses on only the simple, most commonly used features and procedures, including: frequency distributions, descriptive statistics, crosstabulation, tests for group differences, and correlations. Also included are two more sophisticated statistical procedures--analysis of variance and multiple regression.

## Some References on Preschool Special Education

In this section of the bibliography, we have chosen to annotate a selection of books published in the last three years. We have selected books according to this recency criterion because we feel that most users of this evaluation model will be relatively familiar with the literature in this field and would primarily be interested in the newest references.

Algozzine, R., Schmid, R. and Mercer, C. Childhood Behavior Disorders: Applied Research and Educational Practice. Rockville, MD: Aspen Systems Corporation, 1981.

This textbook for practitioners in the field is a compilation of the vast literature directly and indirectly related to emotional disturbance, behavior disorders and emotional handicaps. It covers the theories and practices that have evolved to help us understand these disorders. Since emotional handicaps are seldom identified in the preschool child, the bulk of this book deals with school-age children. Much of the content, however, is relevant to preschool populations, and one chapter in particular deals with preschool children: "Identification and Treatment of the Young Child."

Gallagher, J. (Ed.). New Directions for Exceptional Children. San Francisco, CA: Jossey-bass Inc., Publishers.

This quarterly sourcebook on exceptional children covers current major trends in a variety of disciplines and problem areas. Topics of potential interest in the first four issues include the ecology of the handicapped child, techniques of parenting, and language development. For example, the issue entitled "Ecology of Exceptional Children" contains articles on preschool classrooms for the handicapped, the impact of preschool mainstreaming on parents, and parent involvement in preschool special education programs.

Michaelis, C. Home and School Partnerships in Exceptional Education. Rockville, MD: Aspen Systems Corporation, 1980.

This book offers pragmatic guidelines to program staff for avoiding the major communication/organizational pitfalls of home-school relationships that are so important in the education of young handicapped children. The authors offer insights into the most commonly noted reactions of parents of the handicapped, which range from overprotective parents to "disinterested personal preoccupation." The book includes discussions of effective parental participation in the education, care and management of their handicapped child, as well as suggestions for working with siblings in the school. Throughout the book are recommendations for helping parents and professionals work with handicapped children effectively.

Mori, A. and Olive, J. *Handbook of Preschool Special Education.* Rockville, MD: Aspen Systems Corporation, 1980.

This text attempts to fill certain gaps in the available literature on preschool special education. It combines materials on general developmental theory and assessment with pragmatic methods of preparing practitioners and parents to become effective teachers of young handicapped children. Part I presents suggestions for the development and implementation of intervention programs, including a chapter on assessing child performance. A major portion of this section is devoted to techniques of teaching preschool handicapped children. Part II is a compilation of lesson plan activities that are based on major developmental goals in five areas of growth: reflex/gross motor, perceptual/fine motor, sensory/cognitive, language, and personal/social/self-help. Designed with the busy practitioner in mind, this book uses a simple and concise "look-and-do" approach to present pragmatic material, and numerically coordinates the assessment checklist and developmental goals with the appropriate lesson plans.

Shrybman, J. *Due Process in Special Education.* Rockville, MD: Aspen Systems Corporation, 1982.

This book covers all the legal issues involved in educating handicapped children. It reviews the relevant laws, P.L. 94-142 and Section 504, and explains the interrelationship of federal, state and local laws. Included are chapters on the legal aspects of the special education process--identification, assessment, programming, the IEP and placement. There are also chapters on special requirements for specific handicaps and how to determine whether a placement is appropriate. Another section of the book covers the roles, rights and responsibilities of students, parents, schools/programs, professionals, hearing officers, and surrogate parents. The final sections of the book deal with the due process hearing, and cover procedures, effective presentations and decisions in such hearings.

Strain, P. (Ed.). *Social Development of Exceptional Children.* Rockville, MD: Aspen Systems Corporation, 1982.

This volume is a collection of articles on the social development of exceptional children from three special education journals, *Exceptional Education Quarterly*, *Topics in Learning and Learning Disabilities* and *Topics in Early Childhood Special Education.* Since the assessment of social development is not addressed in this evaluation model, this book may be of interest to anyone evaluating the implementation of a program's social development goals. Although many of the articles in this volume deal with school-age handicapped children, the information also applies to preschool handicapped populations. Articles specifically dealing with preschool-age handicapped children include: "Programmatic Factors Affecting Child-to-Child Social Interactions in Mainstreamed Preschool Programs," "Play and Development," and "The Young Handicapped Child: A Family Perspective."

Topics in Early Childhood Special Education. Rockville, MD: Aspen Systems Corporation.

This quarterly journal, which began in March 1981, covers a different preschool special education topic in each issue. Of particular interest to the users of this evaluation model are issues on "Assessing the Handicapped Preschooler," "Families of Handicapped Children," "Determining Impact: Making Evaluation Work for You," and "Young Handicapped Children: Research Findings." Other issues of possible interest include: "Managing the Preschool Environment," "Play and Development," and "Curricula in Early Childhood Special Education."

## Some References on Assessment

In addition to the references above which deal with preschool special education, we have annotated a few recent references specifically on the assessment of handicapped children. Note that most of the general references on preschool special education include chapters on assessment.

Compton, C. A Guide to 65 Tests for Special Education. Belmont, CA: Fearon Education, 1980.

The purpose of this book is to make testing a useable tool for teachers. Although the book is intended for educators working with students in the primary and intermediate grades, a special section discusses tests for preschool children. In addition there is an introductory section on general issues in assessment, which covers the purposes of testing, abuses and misuses of tests, types of tests, the diagnostic battery, and test selection .

Doucette, J. and Free, R. Progress Tests for the Developmentally Disabled: An Evaluation. Cambridge, MA: Abt Books, 1980.

This is a professional sourcebook that evaluates tests which measure the developmental progress of developmentally disabled persons of all ages, including preschool children. The tests and disabled populations covered are diverse. The book provides the background information necessary to make informed decisions concerning the use of assessment tools. Two major kinds of tests are reviewed by the authors: 1) client assessment instruments that measure various aspects of adaptive function (e.g. self-care, socialization), and 2) environmental assessment instruments that weigh characteristics of the school and home that may affect personal development. Personality and intelligence tests are specifically excluded. Forty-seven tests are reviewed in terms of content, administration procedures, interpretation methods, utility for certain populations and settings, test research and development, and reliability and validity.

Murray, J. (Ed.) *Developing Assessment Programs for the Multi-handicapped Child*. Springfield, IL: Charles C. Thomas, Publisher, 1980.

This book offers practitioners a comprehensive guide to instrumentation, strategies, and techniques for developing assessment programs that will yield the data required to plan effective educational programs for the severely and/or multiply handicapped child. The book describes traditional as well as newer instrumentation available for use with children who have various handicaps: deaf or hearing impaired, language impaired, blind or visually impaired, physically handicapped, and multiply handicapped. In addition, there are chapters on the legal mandates, organizational issues, and problems involved in assessing the multiply handicapped child, and the use of assessment data in developing IEPs.

Neisworth, J. (Ed.). *Assessment in Special Education*. Rockville, MD: Aspen Systems Corporation, 1982.

This volume focuses primarily on assessment in special education as it relates to instruction, rather than to evaluation. The articles in this volume identify and highlight trends and problems in special education assessment, present alternative models and approaches to assessment, and suggest some ways to assess specific groups of individuals. Consequently, it may be of interest to those using the Assessment Component of this evaluation model or to those assessing child developmental skill gains. Of particular interest are the articles on "Multidisciplinary Team Approaches in the Assessment of Handicapped Preschool Children," "Administrative Issues in Evaluation of Exceptionality," "Discontinuity and Instability in Early Development: Implications for Assessment," "Measurement References in the Assessment of Preschool Handicapped Children," and "Assessment of Severely Impaired Young Children: Problems and Recommendations."

Southworth, L., Burr, R. and Cox, A. *Screening and Evaluating the Young Child: A Handbook of Instruments to Use from Infancy to Six Years*. Springfield, IL: Charles C. Thomas, Publisher, 1980.

This book reviews assessment instruments in a way that will simplify test selection for teachers of preschool children. It includes only tests that can be administered by teachers, parents or paraprofessionals, which yield information that is useful to the teacher. The authors describe both group and individually administered tests that assess the following skills: cognitive, language, speech, motor, academic readiness, socio-emotional, hearing, vision, visual motor, visual perceptual, and general development. Also included are eight suggested guidelines for selecting instruments to use with preschool children.

# APPENDIX C
# DESCRIPTION OF THE DIFFERENT TYPES OF INSTRUMENTS

## Questionnaires

Each questionnaire consists of two parts: the cover sheet and the response sheet(s). The cover sheet contains a brief statement of the purpose of the questionnaire, directions for completing it and a sample question. The title of the questionnaire is indicated in the upper right hand corner of the cover sheet. There is also a place on the cover sheet for the respondent to write his/her name and, when applicable, the respondent's job title. To help maintain confidentiality when the questionnaires are returned by the respondent, these cover sheets should be detached and filed separately from the response sheets.

The response sheet contains the questions which the respondent will be directed to answer. The name of the questionnaire is printed at the top of each page. In most instances, card column numbers are listed in the right margin next to each answer choice line.

The questionnaires contain two basic types of questions: closed or objective questions and open-ended or free-answer questions. Each of these two types of questions can be further subdivided into different forms. In the closed/objective question the respondent is asked a question and is given a set of answer choices from which he/she must choose an answer (or use in some way to indicate a response). Four different forms of this type of question are used in the model's instruments: multiple choice, rating, ranking and checklist. Most questions in the instruments are closed or objective because this gives the user some control over the possible responses, makes it relatively easy for the respondent to answer, and facilitates data summary.

The open-ended/free-answer type questions require the respondent to answer a question in his/her own words; no alternative answer choices are provided. This type of question is useful when it is desirable to have the respondents clarify a previous answer, offer suggestions or express their feelings. Its use has been limited in this model since this type of question can be time-consuming for the respondent to answer and for the evaluator to summarize.

There are several general points of interest about questionnaires of which the user should be aware. Questionnaires

- are time efficient for respondents and evaluators because they can be self-administered or given to many persons simultaneously.
- are relatively inexpensive to use.
- simplify data processing and analysis since most questions give the respondent a fixed set of answer choices from which to choose.
- may restrict the range of responses since there generally are a fixed set of choices from which to select an answer.
- may not be appropriate for non-English speaking, illiterate, or blind individuals; when necessary questionnaires can be administered as an interview.
- often have poor return rates unless good follow-up procedures are used.

## Interviews

The evaluation model contains two interviews, both of which were developed as part of the Placement Process Component. An interview format was adopted for the subcomponents in this area because an instrument was needed that could adapt to exceptional situations where probing into a process and/or reasons for an answer was important. Although this data collection technique is more time-consuming, it was felt that the complexity of the placement process warranted more time for adequate characterization.

The format and structure of the interviews are similar to the questionnaires with regard to the assignment of identification numbers and the location of card column numbers used for data processing. Since only the title of the respondent's job position and the interviewer's name needs to be written on the interview form, the interview has no separate cover sheet that should be detached from the response sheet. The response sheet contains open-ended questions that require either short-answer or essay type responses.

Characteristics of interviews which you should keep in mind include:

- Interviews enable probing to clarify a response.
- Interviews are flexible and adaptable and questions may be restated if misunderstood.
- Respondents do not have to be literate.
- Interviews are time-consuming to administer and summarize.
- Respondents may pick up non-verbal cues from interviewers which may influence their answers.
- Interviewers need to be well-trained.

## Record Reviews

Record reviews are included in those model components where information to answer evaluation questions or to clarify other data collected can be found in student files. Most record reviews have three parts:

- a cover sheet which contains directions and a space to record the name of the person conducting the record review, the date the form was completed, and the child's name and the program's name where appropriate,
- a data sheet on which the information from a student's file is recorded,
- a code booklet which lists the codes to be used when recording the information.

The data sheet is set up similarly to the questionnaire response sheet, i.e., there is a space for recording several identification numbers and card column numbers are printed to the right of the response lines.

There are three points about record reviews of which you should be aware:

- Record reviews can be expensive in that they can take a great deal of time to conduct.
- The individual who does the record reviews should be thoroughly familiar with the forms that are in files.
- Information can be collected via record reviews with a minimum amount of disturbance to a program's staff or its operation.

## Observation Systems

Two observation systems were developed for the evaluation model. They are contained in two components where direct observation of processes was seen as critical to evaluate the process confidently. The Child and Classroom Activity Observation System, contained in the Program Effectiveness Component, provides a means to summarize a child's classroom activities. The Placement Meeting Observation System, contained in the Placement Process Component, provides a systematic method for recording what is discussed at a child's placement meeting.

Of all the instruments, the observation systems are the most sophisticated and require more expertise to use. Each observation system is composed of very detailed directions, a code booklet and an observation form. You should keep in mind some of the following general characteristics of observation systems when deciding whether or not to use this type of instrument.

- Observations can provide detailed description of classroom activities.
- Observations provide objective information on what actually occurs in a classroom.
- Observations of educational events, e.g., classroom activities, are very expensive to conduct.
- Observers need to be well-trained.
- High inter-rater reliability need to be established before observations can be conducted.
- It is often difficult to determine how many observations are needed to adequately represent the processes being observed.

## APPENDIX D
## FORMAT, CODES AND IDENTIFICATION NUMBERS

### Format

There are several features that were built in to each of the data collection instruments to aid in data management. Most of the instrumentation was written so that the data could be easily hand-tallied or entered into a computer. The respondent must record his/her answer choices on lines provided in the right margin of the instrument. Card column numbers are listed to the right of the answer choice lines. These numbers refer to the column in which the answer choice indicator is to be entered into the computer. In a few instances, the form in which the data is to be recorded prevented the printing of card column numbers. If you decide to use one of there instruments and to enter the data into a computer, use one of the other instruments as an example and assign your own card column numbers.

### Codes and Identification Numbers

On each instrument, there is a space, generally located in the upper right hand corner, designated for "Office Use." This space is for recording identification numbers which help identify the instrument, the educational program, the respondent and/or the respondent's job position, depending on the intent of the instrument.

The number that identifies the instrument is the Form Code. This is a three digit number whose first digit indicates the respondent or the type of instrument, if a respondent is not applicable. The following table is the key to the first digit in the Form Code: as they are presently printed on the instruments.

| First Digit in Form Code | Respondent or Type of Instrument |
|---|---|
| 1 | Directors/Administrators |
| 2 | Staff |
| 3 | Teachers |
| 4 | Parent Educators/Coordinators |
| 5 | Placement Personnel |
| 6 | Parents |
| 7 | Outside Agencies |
| 8 | Record Reviews |
| 9 | Observation Systems |

The second two digits identify the subcomponent to which the instrument belongs:

| Second Two Digits in Form Code | Subcomponent |
|---|---|
| 60 | Administration |
| 65 | Community Awareness |
| 70 | The Screening Process |

| | |
|---|---|
| 35 | Preplacement Assessment |
| 40 | Postplacement Assessment |
| | |
| 45 | Intake/Review Process |
| 50 | The Placement Meeting |
| 55 | Appropriateness of Placement |
| None | Overview of the Placement Process |
| | |
| 05 | Changes in the Family |
| 10 | Service Delivery |
| 15 | Services to Parents |
| 30 | Staff/Student Descriptive Information |
| | |
| 25 | Communication |
| 20 | Record Keeping |

You may use these numbers or assign others. Form Codes are useful in data analysis since they will enable you to easily sort information whether you use a computer or hand-tally.

**Assigning Identification Numbers**

Other identification numbers in this space are to be assigned by the user. The procedure for assigning identification numbers is completely up to your discretion; numbers can be randomly assigned or some order or meaning can be imposed on them. For example, you might assign parent identification numbers by alphabetizing parent names and then assigning numbers in ascending order beginning with one. Another example is all of the children in the same classroom could be given a three digit ID that begins with the same number; thus, all the children in one class would have ID's in the 100's, another classroom would have children with ID's in the 200's, etc.

For the purpose of entering ID's into the computer, 2 spaces have been designated to identify a program, 3 spaces for parents/children, 2 spaces for job position and 2 spaces for staff. This format will allow you to have as many as 99 programs, 999 parents/children, 99 different job positions and 99 staff involved in one evaluation. If you wish, you can modify the card column numbers in another fashion.

There is an infinite number of ways to assign ID's. Before doing so, you need to consider what type, if any, information you would like incorporated into the numbers. You must also consider whether or not you actually need to assign identification numbers. For example, if you have no need to keep track of which parents answered what questions or you are not interested in relating information from one questionnaire to information on another questionnaire, you will not need to assign ID numbers. Additionally, if you do not need to identify programs, respondents, etc., these spaces can be left blank or eliminated

# APPENDIX E
# SAMPLE CHECKLIST

## Record of Questionnaire Mailing

Questionnaire Name:

| Identification Number | Respondent Name | Dates: | | | |
|---|---|---|---|---|---|
| | | 1st letter sent | 2nd letter sent | phone call | questionnaire returned |
| | | | | | |
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# APPENDIX F
# SAMPLE LETTERS

PRESCHOOL EVALUATION PROJECT
Montgomery County Public Schools
Room 110
850 Hungerford Drive
Rockville, Maryland 20850

November 12, 1981

Dear parents,

Enclosed is the first set of questionnaires that parents are being asked to complete as part of the Preschool Evaluation Project. The three questionnaires that make up this set are described briefly below.

1. Minnesota Child Development Inventory. This instrument is designed to use a parent's observations to measure the development of the child. This was included because we believe parents can contribute important information about their child's growth.

2. Parent Survey. This questionnaire asks parents about their attitudes on raising children. It was included because sometimes parents' attitudes may be affected by having their children in educational programs.

3. Family Characteristics. This questionnnaire asks parents about family members' activities in the home, at work and in social organizations. This questionnaire was included because sometimes having a child in a special education program affects the family situation more than it affects a child's performance.

Each questionnaire has its own directions. Please read them carefully before completing any of the items.

When you have completed the three questionnaires, please return the Minnesota Child Development Inventory test booklet and answer sheet along with the Parent Survey and the Family Characteristics Questionnaire in the enclosed, stamped, self-addressed envelope. Please return all of the questionnaires by November 20.

Please remember that all information supplied by parents will remain confidential. All information will be coded to an identification number. Individual's names will be removed from the questionnaires when they are filed in the project office.

We realize that we are asking you to supply a great deal of information to us. However, we believe that it is the parents who hold the key to improving services to preschool handicapped children. We hope you will take the time to complete the questionnaires and if you have any questions, please call us at 424-2758 or 279-3596.

You will be contacted again in the Spring for additional information. Thank you very much for your time and cooperation.

Sincerely,

This project is jointly administered by the Preschool Office, Office of Continuum Education and Department of Educational Accountability.

**PRESCHOOL EVALUATION PROJECT**
Montgomery County Public Schools
Room 110
850 Hungerford Drive
Rockville, Maryland 20850

December 4, 1981

Dear Parents,

Several weeks ago you were sent a set of questionnaires to respond to as part of the Preschool Evaluation Project. This set included three questionnaires: The Minnesota Child Development Inventory, The Parent Survey, and The Family Characteristics Questionnaires.

At this time we still have not received your responses to these questionnaires. We would greatly appreciate it, if you haven't already completed and returned these questionnaires to us, that you do so by December 9. If we have not heard from you by then, we will follow up with a phone call to be sure that you received the set of questionnaires and/or to address any problems you may have encountered when answering them.

We believe that you, as parents, possess important information that can help document the effectiveness of programs serving preschool handicapped children and that you also have information that can help improve these services. Because of this we hope you will take the time to complete the questionnaires.

If you have any questions, please call us at 424-2758 or 279-3596. Thank you for your time.

Sincerely,

MKE:sbi

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This project is jointly administered by the Preschool Office, Office of Continuum Education and Department of Educational Accountability.

# APPENDIX G

# CALCULATING, ESTABLISHING AND MAINTAINING INTER-OBSERVER RELIABILITY

Inter-observer reliability is the percentage of times two observers exactly agree on the simultaneous and independent coding of an event. Reliability can be calculated using the following formula:

$$\text{Reliability} = \frac{\text{number of agreements}}{\text{number of agreements} + \text{number of disagreements}} \times 100$$

This percent of agreement should be calculated for each item as well as for all items on an observational instrument. For example, in establishing the reliability of the Child and Classroom Activity Observation System, the percentage of agreement should be calculated for the item "activity area," as well as for all items coded during an observation session.

You should be aware that when a particular behavior or event occurs very infrequently, this formula generally yields a highly inflated estimate of reliability. In such cases, the formula should be altered to include only those occasions in which at least one observer codes the behavior. For example, if in using the Placement Meeting Observation System during 20 meetings, one observer codes "yes" for the item of "interactions with nonhandicapped peers" during meetings 1 and 19 and the other observer codes "yes" only during meeting 19, then the percent of agreement should be calculated for that item using only those cases in which at least one observer coded "yes," (i.e., the 1st and 19th meetings). The reliability for this item should be calculated as follows:

$$\text{Percent Agreement} = \frac{\text{1 agreement}}{\text{1 agreement} + \text{1 disagreement}} \times 100 = 50\%$$

If the general formula had been used, the percent agreement would have been calculated in this manner:

$$\text{Percent Agreement} = \frac{\text{19 agreements}}{\text{19 agreements} + \text{1 disagreement}} \times 100 = 95\%$$

You can see that the results are quite different.

Before any data is actually collected for the evaluation, a high level of reliability should be established between each of the observers and a criterion observer (a person who is well experienced in using the observation system and who will serve as a standard throughout the observation period). Sulzer-Azaroff and Mayer (1977) suggest that the percent agreement between two observers should be at least 80 percent. If observers do not reach this level of agreement, frequent discussions should be held to identify problem areas and clarify decisions rules.

Reliability should be checked frequently (during at least 20% of the observation sessions) throughout the data collection period to ensure that observers continue to record events in a similar fashion. This can be done by having the criterion observer code behaviors simultaneously with each observer at various times. If their percent agreement falls below the 80% criterion suggested, disagreements should be studied to determine if one observer was misinterpreting a code or if the coding categories need to be better defined. (Reliability coefficients of .87 and .89 were achieved for the Child and Classroom Activity and Placement Meeting Observation Systems, respectively.)

Reliability should be established under conditions similar to those expected during data collection. A good training technique is the use of videotaped samples of the behavior or event to be observed which allows the repeated presentation of the same material until all observers agree how that material should be coded. This technique, however, may be too expensive or not practical depending upon your resources.

# APPENDIX H
# SAMPLE SUMMARY REPORTS

## Summary of Results from the Service Delivery - Primary Caregiver Questionnaire

The Service Delivery - Primary Caregiver Questionnaire was designed to obtain information from parents and guardians of children attending a preschool special education program. This questionnaire asks individuals to rate their satisfaction with the amount and quality of the services their child receives. Open-ended questions request information on which services are most and least preferred and recommendations for improving services.

The questionnaire was sent to 26 primary caregivers and 17 (65%) returned completed questionnaires. This number of respondents only represents 18% of the number of individuals served in the during the 1981-82 school year. Thus, the data and comments presented in this report should be interpreted with caution. What follows is a brief summary of these results.

### Percentage of Children Receiving Services

Respondents indicated whether their child receives speech, occupational and physical therapies, behavior management/counseling and home visits. The following data reflect the respondents' perceptions of whether or not their child receives these services by either a certified therapist on an individual basis or by the classroom teacher as part of the regular classroom routine.

Of the 17 respondents, 88% indicated that their child receives speech therapy, 76% behavior management/counseling, and 100% occupational and physical therapies and home visits. Those parents who had home visits had, on the average, two visits during the school year which lasted approximately one hour.

### Satisfaction with Amount of Services

Table 1 summarizes the respondents' level of satisfaction with the amount of services their child receives. This table lists the frequency (percentage) that each satisfaction level was indicated for each service area by respondents whose children received those services. The last column indicates the number of respondents for whom the percentages were calculated; this figure varies because some respondents did not answer all items and/or they indicated that their child did not receive one or more services.

### Table 1
### Response Frequency (%) of Primary Caregivers' Satisfaction with the Amount of Service Delivery

| | Very Satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very Dissatisfied | Number of Respondents |
|---|---|---|---|---|---|---|
| Overall program | 38% | 38% | 6% | 13% | 6% | 16 |
| Speech Therapy | 33% | 40% | 7% | 20% | | 15 |
| Occupational Therapy | 18% | 41% | 18% | 24% | | 17 |
| Physical Therapy | 24% | 18% | 12% | 35% | 12% | 17 |
| Behavior Management | 31% | 39% | 23% | 7% | | 13 |
| Home Visits | 20% | 40% | 27% | 7% | 7% | 15 |

The data in this table illustrate that with the exception of physical therapy, more than half of the respondents indicated that they were "very satisfied" or "satisfied" with the amount of the overall program and related services offered. Though satisfaction levels appear high, a few respondents did indicate their dissatisfaction with overall program and all the related services. In the case of physical therapy, approximately 47% indicated some degree of dissatisfaction with the amount of this service.

Satisfaction with Quality of Services

Table 2 summarizes the respondents' level of satisfaction with the quality of the services that their child receives. The frequency (percentage) that each satisfaction level was indicated for each service area is listed for those respondents whose children received each service. The last column indicates the number of respondents for whom the percentages were calculated; this figure varies because some respondents did not answer all items and/or they indicated that their child did not receive one and/or more services.

### Table 2
### Response Frequency of Primary Caregivers' Satisfaction with the Quality of Service Delivery

| | Very Satisfied | Satisfied | Neither satisfied nor dissatisfied | Dissatisfied | Very Dissatisfied | Number of Respondents |
|---|---|---|---|---|---|---|
| Overall program | 41% | 47% | | 12% | | 17 |
| Speech Therapy | 40% | 47% | 13% | | | 15 |
| Occupational Therapy | 29% | 24% | 29% | 18% | | 17 |
| Physical Therapy | 29% | 24% | 18% | 18% | 12% | 17 |
| Behavior Management | 42% | 33% | 17% | 8% | | 12 |
| Home Visits | 47% | 20% | 20% | 13% | | 15 |

This table illustrates that in all service areas more than half of the respondents were either "very satisfied" or "satisfied" with the quality of service delivery. Dissatisfaction was expressed by a few respondents with regard to the quality of the overall program, occupational and physical therapies, behavior management/counseling and home visits.

## Services Most Liked

Respondents were asked to indicate what they liked best about the services their child receives and to explain their answers. An overwhelming number of responses indicated that the overall educational experience given the child was what was liked best about the services offered. Another prevalent theme focused on the helpfulness, kindness and concern of the teachers for both the child and parents. Other characteristics listed as the "best liked" included: the amount and quality of services, small class size, and home visits. Actual responses to this question are listed in Appendix A.

## Services Least Liked

Respondents were asked to indicate what they liked least about the services their child receives and to explain why. Practically all responses to this question expressed dissatisfaction with the amount of time physical and occupational therapy was offered; some respondents mentioned speech therapy in this context also. Additional discontent was expressed with regard to the amount of feedback given to parents by the therapists providing these related services. Other areas with which dissatisfaction was expressed include: no program conducted when opening of school is delayed, inadequate facilities and equipment, and not enough time for the whole program. Respondents' answers to this question are listed in Appendix A.

## Respondent Recommendations

Respondents were asked to offer some recommendations that they believed would improve their child's services. Many respondents recommended that more occupational and physical therapy be offered. One respondent suggested that some sort of communication be established between parents and the supervisors of these services to insure that the child receives the services specified on the IEP. Several recommendations suggested that the program hours should be increased; one parent suggested that classes should be in the morning only. Other recommendations include: more parent-teacher contact, less time on the bus, a school newsletter, more placement options, placements based on need versus on existing programs, more respect for parent input, lower age cutoffs for certain services, and better facilities. Responses are listed in Appendix A.

## Summary Comments

While the majority of respondents indicated that they were either very satisfied or satisfied with the amount and quality of most services, several respondents expressed some level of dissatisfaction with these services. A greater percentage was more dissatisfied with the amount of services than with the quality of services.

The data suggest that the respondents are satisfied with the core of the program, i.e., the overall educational experiences provided and the personal and professional attributes of the teachers. However, they are dissatisfied with the amount of time the core and the related services are provided; this theme is rather pervasive in all responses. If an increase in parent satisfaction is desired, the following changes should be considered: increase the amount of program time (preferably in the morning hours), increase the amount of physical and occupational therapies, increase contact between parents and therapists, and document that the related services are being provided as stipulated on the child's IEP. The extent to which these changes are feasible needs to be examined by program administrators.

## Appendix A

### Summary of Parents Responses* to Open-Ended Questions on the Service Delivery-Primary Caregiver Questionnaire

What do you like best about the services your child receives and why?

- Because the class meets 5 days a week there is more reinforcement of what is to be learned. Enthusiasm of staff. My child enjoys school.
- Small amount of children, teacher and aide give more attention to them.
- Teacher very supportive and helpful. Teacher provided much feedback through calls and notes.
- I like the overall program. The class is excellent.
- My child's teacher is loving and kind and my child seems well adjusted to the school routine.
- Number of children in class at present. The teacher is able to give more individual attention. How the teacher plans her activities and how the subject is carried out during the class.
- I like the whole program because my child has benefited from it. It has helped me to cope with things too.
- Speech therapist and teacher are excellent both in working with my child and making suggestions to parents.
- Overall program design--individualization of program, also, the personnel. I like the very personal attention my child receives by most of the staff. My child's unique needs are clearly understood, focused upon & remediated. I like that these needs are looked at from a developmental framework, so that I know what skills my child has, how age appropriate they are, and what comes next.
- Emphasis on overall development, willingness of teachers to teach the parents.
- Quality of service.
- The caring they feel for each child and the fact that the staff tried their best.
- I like the instructors who are teaching my child in the different fields of speech and occupational therapy.
- Teachers and therapists are conscientious and qualified and care about helping my child. They work well with my child.
- I am very impressed with the dedication and kindness of all the persons involved with my child's program, and am grateful for the support.
- In classroom work.
- Home visits so that the staff could see what was in the home and make suggestions.

What do you like least about the services your child receives and why?

- No program offering because of delayed openings.
- Not enough teacher contact and little parent involvement.
- Quantity of PT/OT services. Lack of coordination of therapists with student's other medical service providers. Lack of OT/PT feedback.
- Do not know how much speech, occupational, physical therapy my child receives, or if there is anything I could do at home to help.
- Speech is the primary problem. I do not always agree with the methods used to obtain more speech.

*Some of these responses have been edited to make them more concise, to omit children's names and to only use masculine pronouns.

- Would like to see more physical therapy. My child needs more work in this area and is going elsewhere now for therapy. Not enough time is spent working with the children who need it.
- Occupational Therapy - Physical Therapy - I think they could do more in these area's. My child does need them, but is not getting enough, especially P.T.
- Physical therapy is nil. No therapy is given.
- Services not received. Some personnel are not scheduling regular times to work with the children, i.e. PT, OT.
- Occupational and Physical therapy are only received when the therapist are prodded. Only with aggressive behavior is any amount of therapy received.
- Not enough. Facilities and equipment were inadequate. Therapists aren't there everyday and there are no therapy rooms.
- The thing that I am dissatisfied with is the amount of time with speech therapy, motor development, etc. Not enough contact with the parents.
- Not enough time for the whole program and the time of day is not appropriate (only 4 days a week in PM).
- My child really needs more PT or OT.
- The program could have been more frequent; it was only weekly.
- Not enough time spent in class for individualization because of so many children in the class.

What recommendations do you have that you believe would improve the services your child receives?

- The program needs more staff to accommodate individual and group service needs.
- More classroom time, closer school, less time on bus, more parent-teacher contact, school newsletter; program in Rockville-Gaithersburg area.
- Larger variety of placement options. Placement based on need versus placement based on existing programs. More OT/PT services available without need to "fight" for services.
- Maybe a note from the therapy teacher once in awhile to let us know how they are doing or if they need help at home.
- Perhaps more importance should be given to the parents input on young children. A mother or father knows the problems best (out of instinct and not formal training). A degree is not always necessary for spotting problem areas in special children.
- Having a bus service that would not require the parents to come to class. Observing the class maybe every three weeks or four. I feel the children do better when the parents are not there. The cut off seems too early, a child has to be three by November 30th for some of the services.
- I think the physical therpist could work with my child a little more or help me to find out how I can get more Physical Thearpy to help with my child's respiratory problems.
- An additional PT would be a big improvement.
- Supervisors should insure that child is receiving services as specified on IEP, i.e. supervisor of PT have some contact with parents so that supervisor is aware of deficiencies of staff.
- Full time O.T. & P.T. by therapist trained to work with toddlers.
- Have program everyday of week.
- Adequate facilities in the least restrictive environment and communication and interaction between staff and families.
- More hours/week and in the morning. More PT or OT on a 1-1 basis.
- More frequent; program was only weekly.

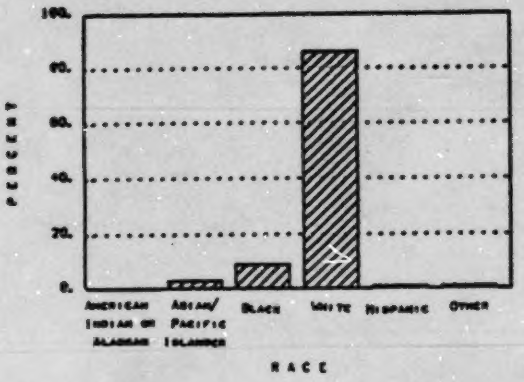
### Summary Report
### Preschool Child Find - Demographics/Satisfaction Rating
### Parent/Guardian Questionnaire

This report summarizes information obtained from 79 parents who completed the Preschool Child Find - Demographics/Satisfaction Rating Questionnaire while their children were being screened by the Child Find Unit in . The screening clinics were held on October 1, 7, 22, and 29 and November 5, 12, and 19. [1]

- Ninety percent of the children screened live in two parent families; 10% in one parent families.

- The primary language in the home of 96% of the children screened is English.

- The table below summarizes the racial composition of the children screened.



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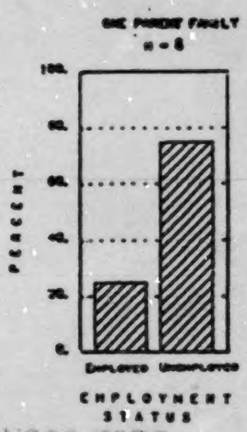
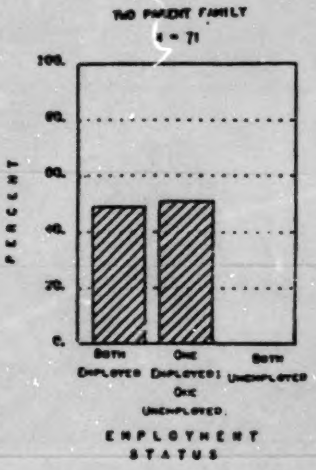
- The following table lists the number of children from various areas within County who were screened.

| LOCATION | NUMBER OF CHILDREN |
|---|---|
| B | 1 |
| W | 2 |
| C | 1 |
| O | 2 |
| Br | 1 |
| P | 1 |
| B | 1 |
| R | 18 |
| Po | 3 |
| As | 1 |
| S | 1 |
| D | 2 |
| Ge | 1 |
| Ga | 24 |
| Ke | 2 |
| Si | 18 |
|  | 79 |

- The following tables summarize the employment status of the parents who children were screened.





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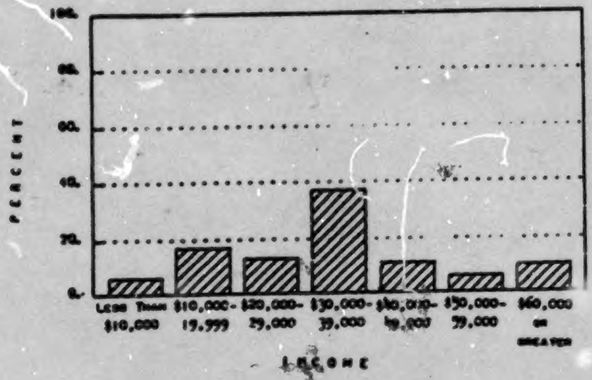
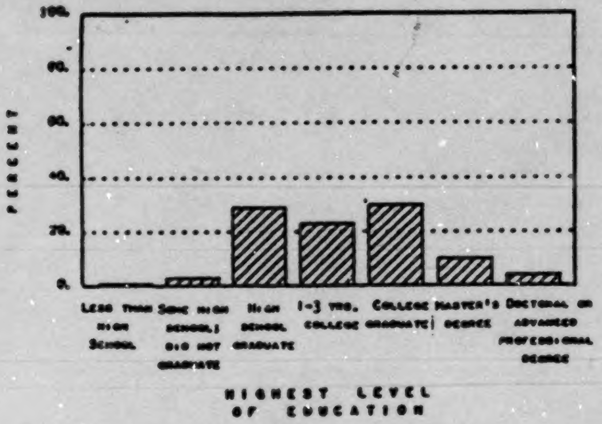
- The following table summarizes the annual income of the families whose children were screened.

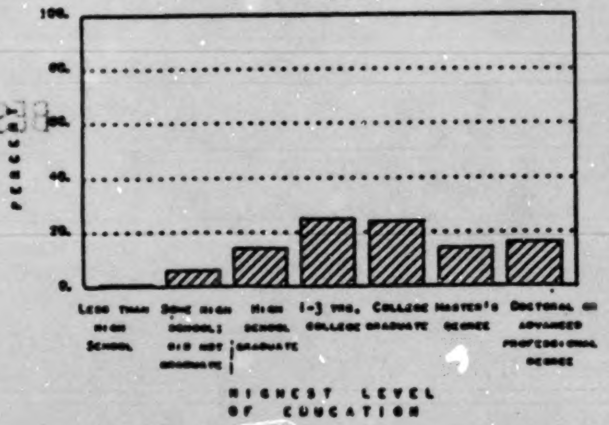


- The two tables below summarize the highest level of education obtained by parents whose children were screened.

MOTHER
N = 79



FATHER
N = 71



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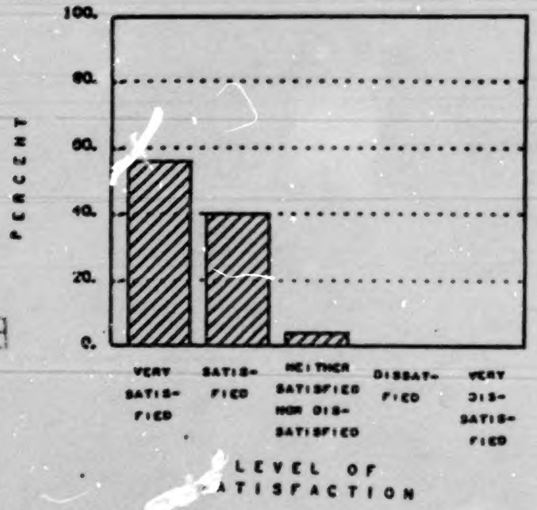
- The following table indicates parental responses as to whether or not certain events took place during the screening of their child.

| Question | Response |  | N |
|---|---|---|---|
|  | Yes | No |  |
| Were you told what would happen during your child's screening? | 94% | 7% | 78 |
| Were you given any written materials about child find activities? | 66% | 34% | 77 |
| Were you encouraged to ask questions or discuss your concerns? | 84% | 16% | 69 |
| Did the screening process appear rushed? | 19% | 81% | 78 |
| Did the screening process appear disorganized? | 13% | 88% | 39 |
| Did the staff work well with your child? | 100% | 0% | 76 |
| Were you told how your child did on the screening tests? | 91% | 9% | 75 |

- The table below summarizes parents' level of satisfaction with the manner in which the screening was conducted.



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- The participants from each clinic were very similar on the following demographic variables: race, primary language, family, income, and parents' education. [2] However, the participants in the November 7th clinic differed slightly from the other clinic participants with respect to the percentage of one parent families. Thirty-three percent of the November 7th respondents were one parent families while the rest of the clinics consisted of approximately 10% one parent families.

- Respondents at the November 7th clinic differed from the respondents at the other clinics in their responses to two questions about the clinic process. First, when asked if they were encouraged to ask questions or discuss their concerns, 57% of the November 7th respondents replied "yes," while 80-100% of the other clinic respondents answered positively. Sixty-four percent of the November 7th respondents indicated that they were told how their child did on the screening tests, while 80-100% of the other clinic respondents answered affirmatively [2].

- Mother's education was positively and significantly ($p<.05$) related to father's education ($r=.71$, $N=71$) and family income ($r=.46$, $N=71$); father's education was positively and significantly ($p<.05$) related to family income ($r=.62$, $N=71$).

- Level of satisfaction with the manner in which the screening was conducted was not related to any demographic variables or any specific event that did or did not occur during the clinic.

- Parents were asked how they thought the screening process could have been improved and to comment about the screening process. Their answers are summarized in the attached Appendix.

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[2] Participants from the November 19th clinic were not included in this comparision because the number of participants was so small (N=3).

## SAMPLE CASE STUDY

## PLACEMENT PROCESS COMPONENT

### I. Child and Family Background

John was born on 8 December 1979, the product of his mother's third pregnancy. His parents were separated during the first trimester of this pregnancy and the mother reportedly did "heavy" work until the 7th month of the pregnancy. He currently lives with his mother, an older brother and his maternal grandparents and uncle. John's uncle is described as mentally retarded and is employed in a sheltered workshop.

Although his mother indicated that John's birth and development were, for the most part, uneventful, John was noted to have suffered from pneumonia at one month of age and chicken pox at 3 months. Though he has suffered "frequent" ear infections, he does not have a history of frequent or high temperatures, excessive wax or drainage.

John is reported to have sat alone at 10 months of age and walked at 20 months. At 32 months of age he had a 25 word vocabulary. He is characterized as a quiet child who likes to play by himself.

### II. Reason for Referral to Placement Office

Mother believed that John's language was delayed and that this was affecting other areas of his development.

### III. Previous Educational Experience and Background

Prior to John's referral to the Placement Office he received individual language therapy on an outpatient basis from the ____________________ from 21 July 1982 to approximately 15 October 1982. John was initially referred to the __________ for a speech and language evaluation by his pediatrician. Although one of the assessment reports completed by the ______________________________ noted that the John was referred to ______ by the ____________________, it was not clearly documented that John actually attended a __________ program. Another assessment report indicated that John was recommended to the ____________________, but did not attend; the details of this recommendation were not available in the records.

### IV. Assessment History

John's first documented assessment was a hearing, language and speech evaluation conducted by the ____________________ when he was 11 months old. From the time John was 31 to 37 months of age, he had a speech, language and hearing evaluation done by the ____________________, a pediatric and educational diagnostic evaluation done by Developmental Evaluation Services for Children, two outpatient progress reports, a mid-year summary report and an occupational therapy evaluation by ______. What follows is a brief summary of the assessment results of major ability areas evaluated. Specific information from these evaluations is summarized in Table 1.

Language Skills. All evaluations done on John indicated this area as the one of his greatest need. At age 31 months he was diagnosed as functioning 18-22 months expressively and approximately 19 months receptively. Evaluations conducted over the following six months demonstrated some gains in John's expressive and receptive language abilities. For example, his intelligibility in context was 10-20% at 31 months and 65% without context at 37 months. At 34 months John responded to one-step directives inconsistently (50% of the time); at 35 months he responded 80% of the time and by 37 months he was consistently responding to one-step directives and inconsistently to two-step directives.

Motor Skills. There was some inconsistency among the evaluations of John's motor ability. Although a speech, language and hearing evaluation done at 31 months indicated that John's gross and fine motor skills were within normal limits, a pediatric and educational diagnosis done at 33 and 34 months indicated motor immaturity, particularly in gross motor activities. An occupational therapist's evaluation of John at 37 months also noted gross motor skills as below age level with fine motor skills age appropriate.

Social-Emotional Skills. All assessment reports characterized John as a quiet child who prefers solitary play in lieu of peer or adult interaction. At 31 months of age John is noted to be below age level in symbolic play by one tester and at 34 months of age another tester indicated that he had good symbolic play. John's responsiveness to his therapist was limited at 34 months; at approximately 3[illegible] months John is noted to withdraw from the therapist and has become reluctant to respond verbally at home. At 37 months a tester noted that parallel play was emerging.

Hearing. At 11 months of age, a hearing, language and speech evaluation indicated that John might have some conductive hearing loss and abnormal middle ear mobility. During this assessment, however, John was noted to be congested with running eyes and nose. An assessment of John at 31 months of age suggested that his auditory acuity should be monitored and more completely documented. Subsequent evaluations at 35 months indicated that his response to speech and pure tone was within normal limits.

## V. Summary of the Placement Meeting

John's placement meeting was held on 22 October 1982. The meeting was chaired by a teacher specialist from the Placement Unit. Professionals attending the conference included: ______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________ John accompanied his mother to the meeting.

Notes from the placement meeting indicate that two preschool programs were considered for John: ______________________________ ______________. Some concerns were expressed that ___ could not meet John's speech therapy needs and thus, placement was recommended for a _______ ____________________. John was identified as speech and language impaired (disability code 04). Speech therapy and a motor assessment were recorded on his Individualized Education Plan (IEP) as related services.

John's IEP indicated that he had delays in all ability areas, especially speech and language. Strengths identified were play skills, responsiveness; needs identified were: a preschool program, speech and language support and motor support. Educational goals were to improve language, cognitive, functional life and social/emotional skills.

## VI. Parent Perspective of the Placement Process

John's mother was asked to complete a questionnaire that asked about various aspects of the placement process. She indicated that Placement Office personnel explained his IZP to her and that she was asked to sign it. She also indicated that she was very satisfied with the following aspects of the placement process: how she was treated by Placement Office personnel, the information she received before the meeting, the amount of time scheduled for the meeting, the explanation she received on John's disability code, level of services and program assignment and the placement decision made for John.

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| Date of Evaluation/ Report | Child's Age (months) | Assessment Agency/ Program | RESULTS | | | | | | | | | | Recommendations |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Expressive Language | Receptive Language | Gross Motor | Fine Motor | Cognitive | Self-Help | Social Emotional | Vision | Hearing | Physical | |
| [illegible]/1[illegible]/80 | 11 | NCHD Hearing, Language and Speech Evaluation | | | | | | | | | Borderline normal to mild conductive hearing loss bilaterally abnormal middle ear mobility. | Child was congested with running eyes and nose. | Medical consultation and audiological reevaluation. |
| 6/29/82 | 31 | HSTC Speech, Language & Hearing Evaluation | 18-22 months in vocabulary, utterance content and complexity, communicative intent; intelligibility 10-20% in context. | One year delay for basic skills and comprehension of questions and directives. | Within normal limits. | Within normal limits. | Requires continual structuring to demonstrate task-related performance. | | Limited interactive skills; exploratory and symbolic play below age level. | | Acuity should be monitored and more completely documented. | Oral structures & functions appear adequate for intelligible speech. | Preschool language program with supportive speech language therapy; emphasize structured, meaningful cognitive & language experiences & appropriate peer [illegible]. |
| 8/24/82 | 33 | DESC Pediatric | Severe language delay. | | Motor immaturity | | | | | | | Bony abnormality of rib cage. | |
| 9/14/82 | 34 | DESC Educational Diagnostic | Most significant needs in speech and language; poor articulation. | | Awkward and clumsy; immaturities observed with tasks that require motor organization & sequencing. | Perceptual motor normal but poor. | Understanding of basic concepts is delayed. | | Apprehensive & fearful; cautious approaching most tasks; responds well to praise & encouragement; good symbolic play. | Perceptual skills appear a strength. | | | Special prekindergarten program with primary emphasis on speech, language and motor development. PT evaluation. |
| 9/17/82 | 34 | HSTC Outpatient Progress Report (7/21/82-8/23/82) | 18-22 months in terms of length, content, complexity and use. | 18-2[illegible] months; Responds to situational questions & one-step directives inconsistently (50%). | | | | | Responsiveness to therapist limited; separates easily from mother. | | | | Preschool language program. |
| 11/82 | 35 | HSTC Outpatient Progress Report ([illegible]/1/82-10/15/82) | Increased use of 1 and 2 word utterances; majority of verbalizations unintelligible; 18-24 months. | Responds to one-step directives 80% of the time; 18-24 months | | | | | Withdraws from therapist; reluctant to respond verbally at home. | | Responds to speech and pure tone within normal limits. | | Preschool language program. |
| 1/83 | 37 | Treatment Center (TC) Preschool Report | 18-22 months; Moderate delays in terms of content, length, syntax & pragmatics; 65% intelligibility without context. | 6-10 months delay (PPVT-no basal or ceiling achieved); follows one-step directions consistently and two-step directives inconsistently. | Scattered at 2-3 yr. level. | Within normal limits. Scattered. | | Not quite age appropriate. | Quiet child; solitary play & very few verbalizations; parallel play emerging. | | Auditory processing 30 month level for following directions and comprehension of questions. | | |
| 1/83 | 37 | TC OT Evaluation | | | Below age level; low muscle tone and limited dissociation of body parts. | Age appropriate; prehensile skills emerging age appropriately for pencil tasks. | | | | | | | Gross motor concerns monitored weekly; OT consultation with teachers. |

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